

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90388 022 ****61.25

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DOCUMENT # N99000000363

1. Entity Name

VILLAGE REFORM CONGREGATION, INC.

Principal Place of Business

Mailing Address

550 S.W. 137TH AVE., STE.L-401
 PEMBROKE PINES FL 33027

550 S.W. 137TH AVE., STE.L-401
 PEMBROKE PINES FL 33027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0893990

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAILEANU, JORDAN D
550 S.W. 137TH AVE., STE.L-401
PEMBROKE PINES FL 33027

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	RAILEANU, JORDAN D	550 S.W. 137TH AVE., STE.L-401	PEMBROKE PINES FL 33027	<input type="checkbox"/>	<input type="checkbox"/>
D	MARSHALL, ERWIN	12500 S.W. 6TH ST.	PEMBROKE PINES FL 33027	<input type="checkbox"/>	<input type="checkbox"/>
D	COHEN, PAUL	900 S.W. 142ND. AVE.	PEMBROKE PINES FL 33027	<input type="checkbox"/>	<input type="checkbox"/>
D	CONN, LEAH	550 SW 138TH AVE #101	PEMBROKE PINES FL 33027	<input type="checkbox"/>	<input type="checkbox"/>
D	WILLNER, LIBBY	701 SW 142ND AVE S212	PEMBROOKE PINES FL 33027	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/01 954
 438-2018

CR2E037 (10/00)