

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90437 039 ****61.25

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DOCUMENT # N99000000363

1. Entity Name
VILLAGE REFORM CONGREGATION, INC.

Principal Place of Business 550 S.W. 137TH AVE., STE.L-401 PEMBROKE PINES FL 33027	Mailing Address 550 S.W. 137TH AVE., STE.L-401 PEMBROKE PINES FL 33027
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0893990** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RAILEANU, JORDAN D
550 S.W. 137TH AVE., STE.L-401
PEMBROKE PINES FL 33027

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ALBERT FRIEDMAN 1200 SW 125 AVE PEMBROKE PINES, FL 33027	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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]*, **Treas** **4/2/02** **954-438-2078**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)