2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900001664

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FILED



NEIR AURAHAM BACHARIAN SEPHARDIC CENTER, INC.					Secretary of State 03-20-2000 90101 035 ****70.00			
Principal Place	of Business	Mailing Address	·					
2470 N.E. 200 S N. MIAMI BEAC		2470 N.E. 200 ST. N. MIAMI BEACH F	L 33180-1832			_		
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #,			o.		DO NOT WRITE IN THIS SE	PACE		
City & State		City & State		4. FEI Numbe	70-7065	Applie Not Ap	d For	
Zip	Country	Zip	Country		of Status Desired	8.75 Addition		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
			Name					
AMINOV, ISRAEL			Stree	Street Address (P.O. Box Number is Not Acceptable)				
2470 N.E.		Į.	į					
N. MIAMI I	BEACH FL 33180		City		FL	Zip Code		
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a. The above	named entity submits this statement	tor the purpose of char	ging its registered attice	or registered agent, or bo	n, in the state of Florida.		1	
		1						
SIGNATURE _	Signature, typed or printed name of registered age	ent and title # applicable.	(NOTE: Registered Agent si	gnature required when reinstating)	DATE		_ }	
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution. Ad Ad		Make Čheck Payable to to Fees Department of State			
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CH	ANGES TO OFFICERS AND DIR	ECTORS IN 10		
TITLE D	PRESIDENT ISRAEL AMINO	Def	NAME	SECRETA	AM INOV	Change [Addition	
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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

Daytime Phone #