

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 18, 1999 8:00 am
Secretary of State

02-18-1999 90032 048 ****61.25

DOCUMENT # 708648

1. Corporation Name

CONGREGATION STAR OF JACOB, INC.

Principal Place of Business

**6 STRAUSS STREET
JERUSALEM IS 33140
US**

Mailing Address

**3606 FLAMINGO DR
MIAMI BCH FL 33140-3925
US**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/16/1965

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1086821

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STERN, TIBOR H.
3606 FLAMINGO DR
MIAMI BCH FL 33140**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Tibor H. Stern

(NOTE: Registered Agent signature required when reinstating)

1-28-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P**
STERN, PINCHAS
STREET ADDRESS **13 HAMYASDIM**
CITY-ST-ZIP **JERUSALEM IS**

TITLE ☐ DELETE

NAME **VP**
WEINER, SHIMON
STREET ADDRESS **3513 ADMORMIROZIM**
CITY-ST-ZIP **HARNOACE IS**

TITLE ☐ DELETE

NAME **ST**
COHEN, YOSHIRA
STREET ADDRESS **6 STRAUSS STREET**
CITY-ST-ZIP **JERUSALEM IS**

TITLE ☐ DELETE

NAME **D**
STERN, IDELLE
STREET ADDRESS **3606 FLAMINGO DRIVE**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ DELETE

NAME **D**
KEVELSON, ROCHELLE
STREET ADDRESS **21 CAUSEWAY**
CITY-ST-ZIP **LAWRENCE**

TITLE ☐ DELETE

NAME **D**
GENAUER, ALLAN
STREET ADDRESS **400 N LAS PALMAS**
CITY-ST-ZIP **LOS ANGELES CA**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-99 3056720004

CR2E037-(11/98)