

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708648

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1086821

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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	P	<input type="checkbox"/> Delete
NAME	STERN, PINCHAS	
STREET ADDRESS	13 HAMYASDIM	
CITY-ST-ZIP	JERUSALEM IS	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEINER, SHIMON	
STREET ADDRESS	3513 ADMORMIROZIM	
CITY-ST-ZIP	HARNOACE IS	
TITLE	ST	<input type="checkbox"/> Delete
NAME	COHEN, YOSHIRA	
STREET ADDRESS	6 STRAUSS STREET	
CITY-ST-ZIP	JERUSALEM IS	
TITLE	D	<input type="checkbox"/> Delete
NAME	STERN, IDELE	
STREET ADDRESS	3606 FLAMINGO DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEVELSON, ROCHELLE	
STREET ADDRESS	21 CAUSEWAY	
CITY-ST-ZIP	LAWRENCE	
TITLE	D	<input type="checkbox"/> Delete
NAME	GENAUER, ALLAN	
STREET ADDRESS	400 N LAS PALMAS	
CITY-ST-ZIP	LOS ANGELES CA	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED

TIBOR H. STERN

3-27-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90325 013 *****70.00

639238



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)