

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709081

1. Entity Name

KNESETH ISRAEL CONGREGATION OF MIAMI BEACH, FLORIDA

Principal Place of Business

1415 EUCLID AVE
MIAMI BEACH FL 33139
US

Mailing Address

1415 EUCLID AVE
MIAMI BEACH FL 33139
US

2. Principal Place of Business

Suite, Apt. #, etc.

Miami Beach FL 33139

3. Mailing Address

Suite, Apt. #, etc.

Miami Beach FL

Zip
33139

Country

USA

Zip
33139-8298

Country

USA

6. Name and Address of Current Registered Agent

CURSON, EDWIN
1604 BAY ROAD
APT. 3
MIAMI BEACH FL 33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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	P FEIT, MEL	<input type="checkbox"/> Delete
STREET ADDRESS	1604 BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE NAME	V SEIF, ALAN	<input type="checkbox"/> Delete
STREET ADDRESS	250 180TH DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE NAME	DV CURSON, ED	<input type="checkbox"/> Delete
STREET ADDRESS	1604 BAY RD.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE NAME	TD ARAN, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS	251 174TH STREET, #2205	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE NAME	SD GRAYSON, PAULA	<input type="checkbox"/> Delete
STREET ADDRESS	1345 WEST AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Paula Grayson, Secy. Sept 11, '02 305-538-2741

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90089 033 ****70.00

B0138016



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0839557

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (4/02)