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Mar 29, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712756

1. Corporation Name

TEMPLE EMANU-EL OF GREATER MIAMI, INC.

Principal Place of Business
1701 WASHINGTON AVE
MIAMI BEACH FL 33139

Mailing Address
1701 WASHINGTON AVE
MIAMI BEACH FL 33139



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/16/1967 4. FEI Number 59-0711180 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

LEHRMAN, RICHARD A
777 41ST ST
4TH FL
MIAMI BCH FL 33140

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	HOLLO, TIGOR	1.2 NAME	Tigor
STREET ADDRESS	100 S BISCAYNE BLVD, STE 1100	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33431	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	EIDELSTEIN, GARY	2.2 NAME	
STREET ADDRESS	665 S BAYSHORE DR, STE 908	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	2.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LEHRMAN, RICHARD A	3.2 NAME	
STREET ADDRESS	777 41ST ST, 4TH FL	3.3 STREET ADDRESS	fl 23
CITY-ST-ZIP	MIAMI BCH FL 33140	3.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	KOENIG, JOHN	4.2 NAME	
STREET ADDRESS	777 41ST ST, STE 310	4.3 STREET ADDRESS	3050 Biscayne Boulevard
CITY-ST-ZIP	MIAMI BCH FL 3314	4.4 CITY-ST-ZIP	Miami FL 33137
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

3/9/99

305 534-1323

Date Daytime Phone #

CR2E037 (1/98)