

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State
 05-10-2000 90132 024 ****61.25

DOCUMENT # 712756

1. Entity Name

TEMPLE EMANU-EL OF GREATER MIAMI, INC.

Principal Place of Business

Mailing Address

**1701 WASHINGTON AVE
 MIAMI BEACH FL 33139**

**1701 WASHINGTON AVE
 MIAMI BEACH FL 33139-7541**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0711180

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

**LEHRMAN, RICHARD A
 777 41ST ST
 4TH FL
 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	PD	☒ Delete
NAME	HOLLO, TIBOR	
STREET ADDRESS	100 S BISCAYNE BLVD, STE 1100	
CITY-ST-ZIP	MIAMI FL 33431	
TITLE	VD	☐ Delete
NAME	EIDELSTEIN, GARY	
STREET ADDRESS	665 S BAYSHORE DR, STE 908	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	SD	☐ Delete
NAME	LEHRMAN, RICHARD A	
STREET ADDRESS	777 41ST ST, 4TH FL	
CITY-ST-ZIP	MIAMI BCH FL 33140	
TITLE	TD	☐ Delete
NAME	KOENIG, JOHN	
STREET ADDRESS	3050 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President, Director	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EXECUTIVE VICE PRESIDENT	☐ Change ☒ Addition
NAME	STEPHEN MUSS	
STREET ADDRESS	4441 COLLINS AVENUE #454	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	VICE PRESIDENT BUDGET	☐ Change ☒ Addition
NAME	MICHAEL ADLER	
STREET ADDRESS	1400 NW 107 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33172	

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)