2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713242

1. Entity Name

STREET ADDRESS 2607 NW 48 STREET

BOCA RATON FL 33-4345

CITY-ST-ZIP

TEMPLE BETH EL OF BOCA RATON, INC.					01-15-2003 90220 033 ****/0.00				
333 S.W. 4TH AVENUE 333		Mailing Address 333 S.W. 47H AVENUE BOCA RATON FL 33432	3 S.W. 4TH AVENUE						
2. Principal	Place of Business	3. Mailing Address	ling Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Number 59-1412924				pplied For
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired	X \$	8.75 Ac	lot Applicable Iditional ed
	6. Name and Address of Currer	t Registered Agent	·		7. Name and Address of New Registered Agent				
		Name	Name						
	AN, DR. JOEL IGLE RUN DRIVE	Street	Street Address (P.O. Box Number is Not Acceptable)						
	ATON FL 33434				,				· <u>·</u>
			City		FL			Zip Code	
the obliga	e named entity submits this statement ations of registered agent.	for the purpose of changing it	s registered office	or registere	d agent, or both, in t	he State of Florid	la. I am far	niliar with,	, and accept
SIGNATURE									
	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registered Agent sign	nature required w	vhen reinstating)		DATE		
	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.			Make Florida	Check I Departn	Payable nent of	to State
10.	OFFICERS AND D	IRECTORS	11.	Ar	DDITIONS/CHANGE	S TO DEFICERS	AND DIRE	CTORS IN	L 10
TITLE	V	☐ Delete	TITLE		DEMONS/CHANGE	3 TO OFFICERS			
NAME	JAIVEN, JACK	L Delete	NAME				Ĺ	Change	Addition
STREET ADDRESS	17117 NEWPORT CLUB DRIVE		STREET ADDRESS	.					
CITY-ST-ZIP	BOCA RATON FL 33496		CITY-ST-ZIP						
TITLE	Vī	☐ Delete		 					
NAME	APPLEBAUM, MARC	□ Delete	TITLE NAME				L	Change	☐ Addition
TREET ADDRESS	6119 VIA VENETIA SOUTH		STREET ADDRESS	1					
CITY-ST-ZIP	DELRAY BEACH FL 33484		CITY-ST-ZIP	` 					İ
ITLE	D			<u> </u>		سية سيا خد		,	
IAME	PERSHA, PAUL	☐ Delete	TITLE	P			>	Change	☐ Addition
TREET ADDRESS	5205 ESTATES DRIVE		NAME	1862	shes				
STY-ST-ZIP	DELRAY BEACH FL 33448		STREET ADDRESS	- '					
	SD SD		CITY-ST-ZIP						
itle Ame	BECK, PATTY	Delete	TITLE	>	. > .	,] Change	Addition
TREET ADDRESS		•	NAME	Mar	だっとしゃった	← , ,			1
ITY-ST-ZIP	5269 PRINCETON WAY		STREET ADDRESS	180	スヤ アノ	بد لیدا		Jay	
	BOCA RATON FL 33496		CITY-ST-ZIP	↓ B	oca Ra	ton, FC	<u> 33</u>	498	7
TLE	DDETT CALL	Delete	TITLE	1 7 6	. 🛋	<i>-</i>	Ę] Change	Addition
AME	BRETT, SAM	• -	NAME	5+u		oss ma	~		
TREET ADDRESS	3068 NW 29TH AVE		STREET ADDRESS	486	r orgain		rkle		•
ITY-ST-ZIP	BOCA RATON FL 33434		CITY-ST-ZiP	B	scon Ra	ton FL	. 33	43.	ጔ
TLE	VPD	☐ Delete	TITLE		- 			Change	☐ Addition
AME	Tabor, Mark		NAME	1			_		

FILED

Jan 15, 2003 8:00 am Secretary of State

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DISECTOR