

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90044 028 ****61.25

DOCUMENT # 718825

1. Entity Name

BETH YOSEPH CHAIM CONGREGATION, INC.

Principal Place of Business

Mailing Address

**843 MERIDIAN AVE
 MIAMI BEACH FL 33139-5717**

**843 MERIDIAN AVE
 MIAMI BEACH FL 33139-5717**

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

59-1619321

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

**HERMAN, ROBERT M., P.A.
 5821 HOLLYWOOD BLVD.
 SUITE 200
 HOLLYWOOD FL 33021**

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	<input type="checkbox"/> Delete
NAME	ROZENCWAIG, DOW	
STREET ADDRESS	843 MERIDIAN AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139-5717	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROZENCWAIG, ANNA	
STREET ADDRESS	843 MERIDIAN AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139-5717	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HERMAN, JUDITH	
STREET ADDRESS	843 MERIDIAN AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139-5717	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHAPIRO, REBECCA	
STREET ADDRESS	843 MERIDIAN AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139-5717	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00 954-989-8000
 Date Daytime Phone #