## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED DOCUMENT # 724704** Mar 30, 2000 8:00 am 1. Entity Name **Secretary of State** B'NAI ISRAEL & GREATER MIAMI YOUTH SYNAGOGUE INC 03-30-2000 90011 027 \*\*\*\*61.25 Principal Place of Business Mailing Address P.O. BOX 161542 P.O. BOX 161542 MIAMI FL 33116-1542 MIAMI FL 33116 3. Mailing Address 2. Principal Place of Business 1019 SW 288 16260 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-1420426 MIAM. Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 030 Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) GOLD, MARTIN 8625 SOUTHWEST 44TH STREET **MIAMI FL 33155** Zip Code City 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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition PD TITLE ☐ Delete TITLE FOX, DR. M. S. NAME NAME STREET ADDRESS STREET ADDRESS 235 SOLANO PRADO CITY-ST-ZIP CITY-ST-7IP CORAL GABLES FL ☐ Addition Change TITLE TITLE VD ☐ Delete ÜRLICH, SYLVIA NAME NAME STREET ADDRESS STREET ADORESS 2500.SW 75TH AVE\_ CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL Change Addition TITLE ۷D Delete TITLE GOLD. LAWRENCE NAME NAME STREET ADDRESS STREET ADDRESS 3501 SW 117 COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL **Change** ☐ Addition TITLE TD Delete **GOLD, MARTIN** NAME NAME 1722 SERENITY STREET ADDRESS STREET ADDRESS 8625 SW 44 ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL X Change ☐ Addition ☐ Delete TITLE GOLD, REBECA NAME NAME STREET ADDRESS STREET ADDRESS 8625 SW 44 STREET CITY-ST-782 CITY-ST-ZIP MIAMI FL ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied until this 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