7/18 .200@UNIFORM BUSINESS REPORT (UBR) FILED Aug 08, 2000 8:00 am Secretary of State DOCUMENT # 728527 1. Entity Name TEMPLE B'NAI ZION, INC. 07-18-2000 90016 038 ****61.25 Principal Place of Business Mailing Address 200-179TH ST. 200-178TH ST. MIAMI BEACH FL 33160 MIAMI BEACH FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FFI Number 59-1522574 Not Applicable \$8.75 Additional Zlp Country Country ___ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TURETSKY, IRVING 290-174TH ST. MIAMI BCH FL 33160 City 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Change Delete TITLE name // TURETSKY, IRVING NAME CR2E037 STREET ADDRESS STREET ADDRESS 290 174TH ST. CITY-ST-ZIP CITY-ST-ZIP SUNNY ISLES BEACH FL 33160 Addition ☐ Chance TITLE MASTERS, LOE NAME NAME STREET ADDRESS STREET ADDRESS 250 - 174TH STREET-41117 CITY-ST-ZIP CITY-ST-ZIP SUNNY ISLÉS BÉACH FL 33160 moitibba []] Change TITLE Delete GASSON, SAM-NAME NAME 17800 ATLANTIC BLVD. STREET ADORESS STREET ADORESS CITY ST 70 CITY-ST-ZIP SUNNY ISLES BEACH FL 33160 Addition Delete TITLE ☐ Change TITLE Peter Le vin NAME NAME 231-174th, Ap+ 1608 STREET ADDRESS STREET ADDRESS Sunny Ister Beach F433160 CITY-51-79 CITY-ST-ZIP PORRIS GORDON Delete 250-1745 ST-APT. #1411 [] Change Addition MORRIS TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZW ☐ Change Addition TITLE TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi), 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 appowered.

STREET ADDRESS CITY-ST-ZIP

NAME

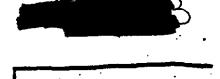
SIGNATURE:

NAME STREET ADDRESS



Temple B'nai Zion

200 178 Street Sunny Isles Beach. Florida 33160 (305) 932-2159 Jaz (305) 933-1849





7/10/2000

Department of state

Devisions of Corporations Uniform Business Report hlings

P. O. Box 1500

Congration Braizion neverrezervada first notice

of payment Due.

Raspectfully submitted Joseph M. Sonnebon Ju, C.P. A. Auditor