

2001 UNIFORM BUSINESS REPORT (UBR)

2.

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-13-2001 90041 031 ****61.25

DOCUMENT # 728527

1. Entity Name

TEMPLE B'NAI ZION, INC.

Principal Place of Business

Mailing Address

200-178TH ST.
 MIAMI BEACH FL 33160

200-178TH ST.
 MIAMI BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1522574

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TURETSKY, IRVING
290-174TH ST.
MIAMI BCH FL 33160

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)

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 **TURETSKY, IRVING**
 STREET ADDRESS **290 174TH ST.**
 CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **LEVIN, PETER**
 STREET ADDRESS **231-174TH APT 1608**
 CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **GORDON, MORRIS**
 STREET ADDRESS **250-174TH ST APT #1411**
 CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE **T-Bern Levy - Secretary** Change Addition
 NAME
 STREET ADDRESS **19370 COLLINS AVE #409**
 CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change Addition
 NAME
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 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)(l), 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 officers empowered.

SIGNATURE: SIGNATURE REQUIRED

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

1-26-2001-305/932-2159

CR2E037 (10/00)