

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-11-2002 90024 033 ****61.25

DOCUMENT # 728527

1. Entity Name

TEMPLE B'NAI ZION, INC.

Principal Place of Business 200-178TH ST. MIAMI BEACH FL 33160	Mailing Address 200-178TH ST. MIAMI BEACH FL 33160
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 59-1522574	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TURETSKY, IRVING
290-174TH ST. #2309
MIAMI BCH FL 33160

7. Name and Address of New Registered Agent

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TURETSKY, IRVING (DIRECTOR) 290 174TH ST. SUNNY ISLES BEACH FL 33160	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	# CHAIRMAN OF THE BOARD LEVIN, PETER (DIRECTOR) 231-174TH APT 1608 SUNNY ISLES BEACH FL 33180	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, MORRIS 250-174TH ST APT #1411 SUNNY ISLES BEACH FL 33160	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IRVY, T-BETH 19370 COLLINS AVE #409 SUNNY ISLES BEACH FL 33160	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st VICE PRESIDENT SAM GASSON (DIRECTOR) 17800 ATLANTIC BLVD. #614 S.I.B., FL 33160	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd VICE PRESIDENT (D.) JOSEPH MASTERS 230-174th St. # 1117 S.I.B., FL 33160	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SOLMON POROSOFF 301. 174th St #815 S.I.B., FL 33160	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BETH LEVY 19370 COLLINS AVE #409 S.I.B., FL 33160	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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

1-24-02
 Date

Daytime Phone #

CR2E037 (9/01)