




**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90231 004 ****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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1522574	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 FRANCO ISAAC		
			Street Address (P.O. Box Number is Not Acceptable) 330 NORTH Hibiscus Drive		
			City MIAMI BEACH		FL
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  ISAAC FRANCO		(NOTE: Registered Agent signature required when reinstating)		DATE 2/2/03	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TURETSKY, IRVING 290 174TH ST. SUNNY ISLES BEACH FL 33160	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANCO ISAAC 330 NORTH Hibiscus Drive MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD LEVIN, PETER 231-174TH APT 1608 SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD GASSON, SAM 17800 ATLANTIC BLVD., #814 SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD MASTERS, JOSEPH 230-174TH STREET, #1117 SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POROSOFF, SOLOMON 301 174TH STREET, #815 SUNNY ISLES BEACH FL 33160	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AHARONOV, BARBARA 18891 N.E. 20 AVE. NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVY, BETH 19370 COLLINS AVENUE, #409 SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 ISAC FRANCO		(NOTE: Registered Agent signature required when reinstating)		DATE 2/2/03	
Daytime Phone #					

CR2E037 (10/02)