

FROM :

FAX NO. :

4/1/0

FILED
May 24, 2002 8:00 am
Secretary of State

04-01-2002 90612 039 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729516
1. Entity Name
CONGREGATION OF BETH EL

Principal Place of Business Mailing Address
2915 N. FLAGLER DR. 2915 N. FLAGLER DR.
W PALM BEACH FL 33407 W PALM BEACH FL 33407
US US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

4. FEI Number 59-6045467 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
GUTTENPLAN, ART
2781 VILLAGE BLVD
SUITE 105
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent
Name ROBERT D. RAPAPORT
Street Address (P.O. Box Number is Not Acceptable)
790 S. COUNTY RD.
City W. PALM BEACH, FL FL Zip Code 33407

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 Robert D. Rapaport
Signature, typed or printed name of IC, new agent and (B) if applicable. (NOTE: Registered Agent Signature required when registering)

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	PENNER, PHYLLIS	
STREET ADDRESS	7726 S FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RAMPELL, RICHARD	
STREET ADDRESS	1186 NO OCEAN WAY	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COHEN-SAFFAN, HELENE	
STREET ADDRESS	873 LAKESIDE DR	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	STOCH, LINDA	
STREET ADDRESS	104 VINTAGE ISLE LA	
CITY-ST-ZIP	PALM BEACH FL 33418	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUTTENPLAN, ART	
STREET ADDRESS	2781 VILLAGE BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FINK, ROBERT	
STREET ADDRESS	145 VINTAGE ISLE LN	
CITY-ST-ZIP	PALM BEACH FL 33418	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESTHER BARRISH	
STREET ADDRESS	1807 EMBASSY DR #102	
CITY-ST-ZIP	W. PALM BEACH, FL 33401	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT D. RAPAPORT	
STREET ADDRESS	790 S. COUNTY RD	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	DAVID GILL (VICE PRESIDENT)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID GILL	
STREET ADDRESS	1105 GREEN PINE BLVD #02	
CITY-ST-ZIP	W. PALM BEACH, FL 33409	
TITLE	DAVID LAGNADO (VICE PRESIDENT)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID LAGNADO	
STREET ADDRESS	2161 TIGRIS DR.	
CITY-ST-ZIP	W. PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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: SIGNEE (HELENE COHEN-SAFFAN) President Date: 3/30/02 Daytime Phone #: 54-833-0337



DO NOT WRITE IN THIS SPACE

CR2E8ST (8/01)