FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 730148

1. Corporation Name B'NAI SEPHARDIM SHAARE SHALOM OF HOLLYWOOD, INC.									
Principal Place of Business 3670 STIRLING ROAD FT. LAUDERDALE FL 33312		Mailing Address 3670 STIRLING ROAD FT. LAUDERDALE FL 33312							
Principal Place of Business The Principal Place of Business The Principal Place of Business		2a. Mailing Address	2a. Mailing Address			3. Date Incorporated or Qualifed 06/20/1974			
Suite, Apt. #, etc.		Suite, Apt. #, et	С.		4. FEI Number —23-7420141				
City & State		City & State	<u></u>		5. Certificate of Status Desired \$8				
Zip	Country 25	Zip 29	Zip Country			6. Election Campaign Financing Trust Fund Contribution St			
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
ALCUEY E	:250		_	81	Name				
ALCHEK, FRED 1524 N.W. 182ND AVENUE				82	Street	Address (P.O. Box Number is Not Acceptable)			
,	E PINES FL 33029								
				84	City	FL 85			
Office or re-	o the provisions of Sections 61 gistered agent, or both, in the 5 familiar with, and accept the c	State of Florida, Such change,	was author	orized by	the coro	corporation submits this statement for the purpose of chang oration's board of directors. I hereby accept the appointmen			
SIGNATURE _	Signature, typed or printed name of register	ad agget and title if applicable	/NOTE: Pa-	rietered Acen	t sionature :	equired when reinstating) DATE			
12.		S AND DIRECTORS	(NOTE. Reg	13.	· orginature i	ADDITIONS/CHANGES TO OFFICERS AND DIR			
TITLE	D	☐ DELE	TE	1,1 TITLE					

FILED Mar 01, 1999 8:00 am § Secretary of State

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			1		<u>I</u>							
11. Pursuant to the provisions of Sections 617,0502 and 617,1508; Florida Statutes; the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.												
SIGNATURE					DATE							
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Re	gistered Agent signature require 13.		GES TO OFFICERS	NID DIPECTOR	28 IN 12					
12.	OFFICERS AND DIRECTORS	F71		ADDITIONS/CHAIN	GES TO OTTICE INST							
TITLE	D	DELETE	1,1 TITLE			Change	Addition					
NAME	SALAMA, ELIAS		1.2 NAME		÷ ,							
STREET ADDRESS	3802 NE 207 ST TH#7		1.3 STREET ADDRESS									
CITY-ST-ZIP	AVENTURA FL		1.4 CITY-ST-ZIP			<u></u>						
TITLE	DVO	☐ DELETÉ	2.1 TIFLE			☐ Change	☐ Addition					
NAME	ALCHEK, FRED		2.2 NAME									
STREET ADDRESS	1524 NW 182 AVE		2.3 STREET ADDRESS			_ .~						
CITY-ST-ZIP	PEMBROKE PINES FL		2. 4 CITY-ST-ZIP									
TITLE	T	☐ DELETE	3.1 TITLE			Change	☐ Addition					
NAME	SETTON, MANASHE		3.2 NAME									
STREET ADDRESS	2301 S OCEAN DR #2308		3.3 STREET ADDRESS				!					
CITY-ST-ZIP	HOLLYWOOD FL		3.4. CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·						
TITLE	DS	DELETE	4,1 TITLE			Change	☐ Addition					
NAME	BENZRIHEM, PROSPER		4. 2 NAME									
STREET ADDRESS	2803 NE 164TH STREET		4.3 STREET ADDRESS			` ,**						
CITY-ST-ZIP	N. MIAMI BCH. FL		4.4 CITY-ST-ZIP									
TITLE	D	☐ DELETE	5.1 TITLE			Change	Addition					
NAME	BEN-HORIN, YEHUDA		5.2 NAME									
STREET ADDRESS	21321 N.E. 19TH AVE.		5.3 STREET ADDRESS				.					
CITY-ST-ZIP	N. MIAMI BCH. FL		5.4 CITY-ST-ZIP			<u> </u>	·					
TITLE		DELETE	6.1 TITLE			Change	Addition					
NAME			6.2 NAME				{					
STREET ADDRESS			6.3 STREET ADDRESS		•		,					
CITY-ST-ZIP			6.4 CITY-ST-ZIP									
	and it that the information cumplied with this filing door	4 116 . 8	a avamption stated in	Cartina 440 07/3\/i\ Elado	to Statutos I further o	ortify that the in	formation					

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 informati indicated on this annual report or supplemental annual 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 are reposered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if enabled or on a state thempore with an address, with all other like empowered.

ERECFERNAICHER

1/18/99

(954)983 - 9981

Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

85 Zip Code