

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **730468** (6)

1. Corporation Name
CONGREGATION BINYAN DAVID, INC.

Principal Place of Business

Mailing Address

**220 WASHINGTON AVE.
MIAMI BEACH FL 33139 7130**

**220 WASHINGTON AVE.
MIAMI BEACH FL 33139-7130**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **3475 PRAIRIE AVE**

22 City & State

27 City & State

23 Zip

Country

28 **MIAMI BCH FLA**

24

25

29 **33140**

30

Country

V S I I

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/12/1974

4. FEI Number

23-7408528

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**EDELSTEIN, EMANUEL
3475 PRAIRIE AVE.
MIAMI BCH. FL 33140**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(Signature Type: the printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | MEISELS, EZEKIEL | |
| STREET ADDRESS | 261 RUTLEDGE STREET | |
| CITY - ST - ZIP | BROOKLYN NY | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MEISELS, REISEL | |
| STREET ADDRESS | 220 WASHINGTON AVE. | |
| CITY - ST - ZIP | MIAMI BEACH, FL 00000 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | EDELSTEIN, EMANUEL | |
| STREET ADDRESS | 3475 PRAIRIE AVE. | |
| CITY - ST - ZIP | MIAMI BEACH, FL 00000 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | EDELSTEIN, KLARA | |
| STREET ADDRESS | 3475 PRAIRIE AVE. | |
| CITY - ST - ZIP | MIAMI BEACH, FL 00000 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MEISELS, MOSHE | |
| STREET ADDRESS | 50 BLAUVELT ROAD | |
| CITY - ST - ZIP | MONSEY NY | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MEISELS, D.B. | |
| STREET ADDRESS | 1450 44TH ST. | |
| CITY - ST - ZIP | BROOKLYN NY | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. 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 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

E. EDELSTEIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/98 305-460-2022

CR2E037 (10/97)