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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 730468

1. Corporation Name

CONGREGATION BINYAN DAVID, INC.

Principal Place of Business  
220 WASHINGTON AVE.  
MIAMI BEACH FL 33139-7130

Mailing Address  
3475 PRARIE AVE  
MIAMI BEACH FL 33140  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MEISELS, EZEKIEL  
STREET ADDRESS 261 RUTLEDGE STREET  
CITY-ST-ZIP BROOKLYN NY

TITLE D  
NAME MEISELS, REISEL  
STREET ADDRESS 220 WASHINGTON AVE.  
CITY-ST-ZIP MIAMI BEACH, FL 00000

TITLE SD  
NAME EDELSTEIN, EMANUEL  
STREET ADDRESS 3475 PRAIRIE AVE.  
CITY-ST-ZIP MIAMI BEACH, FL 00000

TITLE D  
NAME EDELSTEIN, KLARA  
STREET ADDRESS 3475 PRAIRIE AVE.  
CITY-ST-ZIP MIAMI BEACH, FL 00000

TITLE D  
NAME MEISELS, MOSHE  
STREET ADDRESS 50 BLAUVELT ROAD  
CITY-ST-ZIP MONSEY NY

TITLE D  
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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99 305 534 9190

CR2E037 (11/98)