

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90024 008 ****61.25

DOCUMENT # 731799

1. Entity Name

TEMPLE BETH ISRAEL AT CENTURY VILLAGE EAST, INC.

Principal Place of Business

200 CENTURY BLVD.
DEERFIELD BCH FL 33442
US

Mailing Address

200 CENTURY BLVD
DEERFIELD BEACH FL 33442
US

2. Principal Place of Business

201 SOUTH MILITARY TRAIL
Suite, Apt. #, etc.

3. Mailing Address

201 SOUTH MILITARY TRAIL
Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

City & State

DEERFIELD BEACH, FL

4. FEI Number

23-7449719

Applied For

Not Applicable

Zip

33442

Country

US

Zip

33442

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

USOW, ALLEN
7129 PROMENADE DRIVE
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name STEPHEN SPIEGEL

Street Address (P.O. Box Number is Not Acceptable)
201 S. Military Trail

City Deerfield Beach

FL

Zip Code 33442

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD FIELDS, CHARLES 8760 AZAKEA COURT #103 TAMARAC FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VP COHEN, MARTIN 433 GRANTHAM B DEERFIELD BCH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP FRADKIN, MARVIN 1076 VENTNOR P DEERFIELD BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP KALISH, HENRIETTA 127 GRANTHAM B DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FELDMAN, PHILIP 417 DURHAM N DEERFIELD BCH, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WOSK, GOLDIE 679 DURHAM DEERFIELD BCH FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3VP RUTH GITTLEMAN 3028 DURHAM B DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3VP HARVEY BERNSTEIN 856 KESWICK C DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1VP ALBERT FREIMAN 3020 CAMBRIDGE A DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2.14.2001 (954) 421 7060

CR2E037 (10/00)