

# 2002 UNIFORM BUSINESS REPORT (UBR)

3, **FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90094 021 \*\*\*\*\*61.25

**DOCUMENT # 731799**

1. Entity Name

**TEMPLE BETH ISRAEL AT CENTURY VILLAGE EAST, INC.**

Principal Place of Business

Mailing Address

201 SOUTH MILITARY TRAIL  
 DEERFIELD BCH FL 33442  
 US

201 SOUTH MILITARY TRAIL  
 DEERFIELD BCH FL 33442  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**23-7449719**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL, STEVEN**  
**201 MILITARY TRAIL**  
**DEERFIELD BEACH FL 33442**

Name

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

City

**FL**

Zip Code

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	PD	<input checked="" type="checkbox"/> Delete
NAME	FIELDS, CHARLES	
STREET ADDRESS	8780 AZAKEA COURT #103	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	3VP	<input checked="" type="checkbox"/> Delete
NAME	GITTLEMAN, RUTH	
STREET ADDRESS	3028 DURHAM B	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	2VP	<input checked="" type="checkbox"/> Delete
NAME	BERNSTEIN, HARVEY	
STREET ADDRESS	256 KESWICK C	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	1VP	<input checked="" type="checkbox"/> Delete
NAME	FREIMAN, ALBERT	
STREET ADDRESS	3020 CAMBRIDGE A	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	DT	<input type="checkbox"/> Delete
NAME	FELDMAN, PHILIP	
STREET ADDRESS	417 DURHAM N	
CITY-ST-ZIP	DEERFIELD BCH FL 00000	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WOSK, GOLDIE	
STREET ADDRESS	679 DURHAM	
CITY-ST-ZIP	DEERFIELD BCH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREIMAN, ALBERT	
STREET ADDRESS	3020 CAMBRIDGE A	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	1VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, HARVEY	
STREET ADDRESS	256 KESWICK C	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GITTLEMAN, RUTH	
STREET ADDRESS	3028 DURHAM B	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	3VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHEN, MARTIN LT. COL.	
STREET ADDRESS	433 GRANTHAM B	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(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:

*Philip Feldman* **PHILIP FELDMAN** TREAS. 2/15/02 (954)-421-7060  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)