

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90045 045 *****61.25

0019205

DOCUMENT # 733743

1. Entity Name

CONGREGATION BETH HILLEL OF MARGATE, INC.

Principal Place of Business

**7640 MARGATE BLVD.
MARGATE FL 33063-3352**

Mailing Address

**7640 MARGATE BLVD.
MARGATE FL 33063-3352**

507932



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1704551

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**INGBER, FRED
7640 MARGATE BLVD.
MARGATE FL 33063**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **FS** ☒ Delete
NAME **GANZ, HELEN**
STREET ADDRESS **1045 COUNTRY CLUB DRIVE**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **FS** ☒ Change ☐ Addition
NAME **FELBERG, NORMAN**
STREET ADDRESS **3090 HOLIDAY SPRINGS BLVD. - APT. 105**
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE **VPD** ☒ Delete
NAME **ENDER, SY**
STREET ADDRESS **370 N.W. 76TH AVENUE**
CITY-ST-ZIP **MARGATE FL**

TITLE **VPD** ☒ Change ☐ Addition
NAME **MARCUS, IRVING**
STREET ADDRESS **1020 COUNTRY CLUB DRIVE - BLDG. P**
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE **D** ☐ Delete
NAME **STERN, HARRIS**
STREET ADDRESS **7624 NW 18TH STREET**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **INGBER, FRED**
STREET ADDRESS **6750 N.W. 17TH COURT**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BRISKMAN, MAX**
STREET ADDRESS **7640 NW 1ST STREET**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **ZIMMERMAN, FLORENCE**
STREET ADDRESS **7300 N.W. 4TH PLACE**
CITY-ST-ZIP **MARGATE FL**

TITLE ☐ Change ☐ 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:

Fred Ingber **REQUIRED** **INGBER**

Michael **854-974-3090**

CR2E037 (9/01)