

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90106 022 ****61.25

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**

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 **59-1704551**

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

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS GANZ, HELEN <input checked="" type="checkbox"/> Delete 3090 HOLIDAY SPRINGS BLVD. APT 105 MARGATE FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARCUS, IRVING <input type="checkbox"/> Delete 1020 COUNTRY CLUB DRIVE -BLDG P MARGATE FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STERN, HARRIS <input checked="" type="checkbox"/> Delete 7624 NW 18TH STREET MARGATE FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD INGBER, FRED <input type="checkbox"/> Delete 6750 N.W. 17TH COURT MARGATE FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRISKMAN, MAX <input type="checkbox"/> Delete 7640 NW 1ST STREET MARGATE FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ZIMMERMAN, FLORENCE <input type="checkbox"/> Delete 7300 N.W. 4TH PLACE MARGATE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Norman Felberg 3090 Holiday Springs Blvd #105 Margate, FL - 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hank Sobel 1050 Country Club Dr Margate, FL 33063
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
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)(l), 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:

Norman Felberg, President

✓ 3/10/03

924974-3092

CR2E037 (10/02)