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

DOCUMENT # 735316

1. Entity Name

CONGREGATION AITZ CHAIM OF WEST PALM BEACH, INC.



FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90100 035 ****70.00

2518 N HAVEHILL RD W PALM BEACH FL 33417 US		Mailing Address 2518 N HAVERHILL RD WEST PALM BCH FL 33417		ouu7649			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-1856803 Applied For Not Applicable		·	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add	litional	
, 	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent			
SILVERMAN, STUART M 415 5TH ST. CENTURY VILLAGE WEST PALM BEACH FL 33401			Name HERBERT FORMAN Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH City El Zip Code				
SIGNATURE .	named entity submits this statement for ions of registered agent. Hubert Journ Signature, typed or printed name of registered agent a	n HERBET	registered office or regis	W, PRESIDENT			
10. HITLE HAME STREET ADDRESS	OFFICERS AND DIR OFFICERS AND	9. Election Cam Trust Fund Co ECTORS	ntribution.	\$5.00 May Be Added to Fees Fioric ADDITIONS/CHANGES TO OFFICE OFF		tate	
ITLE (\$\) IAME STREET ADDRESS	D D D D D D D D D D D D D D D D D D D	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	UEST PAGA BEAG	∰ Change	Addition	
ITLE IAME TREET ADDRESS	D FORMAN, HERBERT 205 COVENTRY I WEST PALM BEACH FL 33417	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TLE AME TREET ADDRESS ITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TLE AME TREET ADDRESS TY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	

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 applicable.

SIGNATURE:

Jan 13,2003