

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90214 041 ****61.25

DOCUMENT # 735543

1. Entity Name

THE AVENTURA TURNBERRY JEWISH CENTER BETH JACOB.

Principal Place of Business

Mailing Address

20400 NE 30 AVE
 MIAMI FL 33180
 US

20400 NE 30 AVE
 MIAMI FL 33180-1566
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1673246

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARON, AMIR (DR.)
20400 N.E. 30 AVE
MIAMI FL 33180

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

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

Ex. J.P.

DR. AMIR BARON 1-11-2000
 (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: **PD** Delete
 NAME: **SILVERMAN BARRY**
 STREET ADDRESS: **19553 N.E. 37 AVE.**
 CITY-ST-ZIP: **NORTH MIAMI BCH., FL 33180**

TITLE: **PRESIDENT** Change Addition
 NAME: **MARGO ABSHER -**
 STREET ADDRESS: **19500 Turnberry Way #21A**
 CITY-ST-ZIP: **Aventura, Florida 33180**

TITLE: **TD** Delete
 NAME: **KREVAT, GARY**
 STREET ADDRESS: **20221 NE 25TH AVE**
 CITY-ST-ZIP: **MIAMI FL**

TITLE: **TD** Change Addition
 NAME: **HARRY ROSEN**
 STREET ADDRESS: **3731 No. Country Club Dr. #1727**
 CITY-ST-ZIP: **Aventura, Florida 33180**

TITLE: **VPD** Delete
 NAME: **GOOZE MORTON**
 STREET ADDRESS: **3675 N. COUNTRY CLUB DR.**
 CITY-ST-ZIP: **MIAMI FL 33180**

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

TITLE: **VPD** Delete
 NAME: **KESSLER EUGENE**
 STREET ADDRESS: **20400 N.E 30TH AVE.**
 CITY-ST-ZIP: **MIAMI FL 33180**

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

TITLE: **VPD** Delete
 NAME: **SHUR RORY**
 STREET ADDRESS: **20400 N.E 30TH AVE.**
 CITY-ST-ZIP: **MIAMI FL 33180**

TITLE: **VPD** Change Addition
 NAME: **VICTOR CYNAMON**
 STREET ADDRESS: **19101 Mysic Pointe Dr. #2701**
 CITY-ST-ZIP: **Aventura, Florida 33180**

TITLE: **RS** Delete
 NAME: **SHOR, TRACI**
 STREET ADDRESS: **20400 NE 30TH AVE**
 CITY-ST-ZIP: **MIAMI FL**

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

Dr. Amir Baron
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-2000
 Date

Daytime Phone #

CR2E037 (9/99)