

2001 UNIFORM BUSINESS REPORT (UBR)

17

FILED
Feb 13, 2001 8:00 am
Secretary of State

01-26-2001 90068 044 ****61.25

DOCUMENT # 735543
 1. Entity Name
THE AVENTURA TURNBERRY JEWISH CENTER BETH JACOB,

Principal Place of Business 20400 NE 30 AVE MIAMI FL 33180 US	Mailing Address 20400 NE 30 AVE MIAMI FL 33180 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **59-1673246** Applied For Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**BARON, AMIR (DR.)
 20400 N.E. 30 AVE
 MIAMI FL 33180**

7. Name and Address of New Registered Agent
 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** *Amir Baron* **1/10/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$81.25**

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 P	<input type="checkbox"/> Delete
NAME ABSHER, MARGO	
STREET ADDRESS 19500 TURNBERRY WAY #21A	
CITY-ST-ZIP AVENTURA FL 33180	
TITLE TD	<input type="checkbox"/> Delete
NAME ROSEN, HARRY	
STREET ADDRESS 3731 NO COUNTRY CLUB DR #1727	
CITY-ST-ZIP AVENTURA FL 33180	
TITLE VPD	<input type="checkbox"/> Delete
NAME GOOZE MORTON	
STREET ADDRESS 3675 N. COUNTRY CLUB DR.	
CITY-ST-ZIP MIAMI FL 33180	
TITLE VPD	<input type="checkbox"/> Delete
NAME KESSLER EUGENE	
STREET ADDRESS 20400 N.E 30TH AVE.	
CITY-ST-ZIP MIAMI FL 33180	
TITLE VPD	<input type="checkbox"/> Delete
NAME CYNAMON, VICTOR	
STREET ADDRESS 19101 MYSYIC POINTE DR #2701	
CITY-ST-ZIP AVENTURA FL 33180	
TITLE RS	<input type="checkbox"/> Delete
NAME SHOR, TRACI	
STREET ADDRESS 20400 NE 30TH AVE	
CITY-ST-ZIP MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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: **SIGNATURE REQUIRED** *Dr. Amir Baron Ex. U.P.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)