2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # 736203

1. Entity Name
CONGREGATION ETZ CHAIM, INC.

Principal Place of Business	Mailing Address
2455 EAST SUNRISE BLVD 10TH FLOOR FORT LAUDERDALE FL 33304 US	2455 EAST SUNRISE BLVD 10TH FLOOR FORT LAUDERDALE FL 33304 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1881 N.E. 26TH STREET	1881 N.E. 26TH STREET
Suite, Apt. #, etc.: SUITE 218	Suite, Apt. #, etc.: SUITE 218
City & State: WILTON MANORS FL	City & State: WILTON MANORS FL
Zip: 33305 Country: US	Zip: 33305 Country: US

4. FEI Number: 58-2100313 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANDSBERG ALAN
300 S. PARK RD.
SUITE 302
HOLLYWOOD FL
33021 US

7. Name and Address of New Registered Agent

Name: CHARLES DAVID JC.P.A.
Street Address (P.O. Box Number is Not Acceptable): 2805 E. OAKLAND PARK BLVD
PMB 449
City: FORT LAUDERDALE FL Zip Code: 33306

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 DAVID J. CHARLES, C.P.A. 05/01/2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARR JANE 1710 N. 53RD STREET HOLLYWOOD FL 33021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WEISER ANDY 2840 NE GOTH ST FORT LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CHARLES DAVID J 2805 E. OAKLAND PARK BLVD. - PMB 449 FORT LAUDERDALE FL 33306	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LENDER STEVEN 780 NE 69TH ST #702 MIAMI FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WIENER LANCE D 20281 E. COUNTRY CLUB DRIVE - APT. 2504 AVENTURA FL 33180	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ZIMMERMAN MINDY 8060 SUNRISE LAKES DR N., #301 SUNRISE FL 33322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GLICKMAN MARK 21080 SHADY VISTA DRIVE BOCA RATON FL 33428	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHAPIRO RICK 2301 NE 19 AVE WILTON MANORS FL 33305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BENSON DOREE 508 BONNIR BRAE WAY HOLLYWOOD FL 33021	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/00)

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: David J. Charles TD 05/01/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #