

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90278 018 ****61.25

DOCUMENT # 736325

1. Entity Name

BOYNTON BEACH JEWISH CENTER BETH KODESH, INC.

Principal Place of Business

Mailing Address

501 NE 26TH AVE
 BOYNTON BCH FL 33435

501 NE 26TH AVE
 BOYNTON BCH FL 33435-2168

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

59-1680041

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

7. Name and Address of New Registered Agent

JACK SIEGEL
 10069 B ANDREA LANE
 BOYNTON BCH, FL
 BOYNTON BEACH FL 33437

Name **IRWIN HOCHMAN**
 Street Address (P.O. Box Number is Not Acceptable)
130 NE 26 AVE #104
BOYNTON BEACH, FL
 City **BOYNTON BEACH** FL Zip Code **33435**

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 *Irwin Hochman* **PRES.** DATE **1/12/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PD MAYERSON, JOSEPH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2615 NE 3RD CT, #117	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE NAME	VPD SCHMOOKLER, LARRY	<input type="checkbox"/> Delete
STREET ADDRESS	230 NE 26 AVE. #311	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE NAME	VPD KASS, AL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5231 BROOKVIEW DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE NAME	TD SIEGEL, JACK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1069 B ANDREA LANE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE NAME	SD DIX, SHIRLEY	<input type="checkbox"/> Delete
STREET ADDRESS	2615 NE 1ST CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PD HOCHMAN, IRWIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	130 N.E. 26 AVE. #104	
CITY-ST-ZIP	BOYNTON BEACH, FL. 33435	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	ADD FRIEDLAND, MARSHALL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	330 NE 26 AVE #118	
CITY-ST-ZIP	BOYNTON BEACH, FL. 33435	
TITLE NAME	TD HAAS, ROY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8200 LAKE SHORE DR.	
CITY-ST-ZIP	HYPOLOXO, FL 33462	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *IRWIN HOCHMAN, PRES.* *Irwin Hochman* 1/12/00 561-586-9425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)