

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-13-2001 90080 013 ****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

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

HOCHMAN, IRWIN
 130 NE 26 AVE #104
 BOYNTON BCH, FL
 BOYNTON BEACH FL 33437

Name **FRIEDLAND, MARSHALL**
 Street Address (P.O. Box Number is Not Acceptable)
330 NE 26 AVE #118
BOYNTON Beach
 City **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 *Marshall Friedland*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/7/01
 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	<input checked="" type="checkbox"/> Delete
NAME	HOCHMAN, IRWIN	
STREET ADDRESS	130 N.E. 26 AVE #104	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SCHMOOKLER, LARRY	
STREET ADDRESS	230 NE 26 AVE. #311	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FRIEDLAND, MARSHALL	
STREET ADDRESS	330 NE 26 AVE #118	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAAS, ROY	
STREET ADDRESS	8200 LAKESHORE DR.	
CITY-ST-ZIP	HYPOLUKO FL 33462	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DIX, SHIRLEY	
STREET ADDRESS	2615 NE 1ST CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDLAND, MARSHALL	
STREET ADDRESS	330 NE 26 AVE #118	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILLIAN FRANK	
STREET ADDRESS	2400 NE 1ST LANE #401	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOCHMAN, IRWIN	
STREET ADDRESS	130 NE 26 AVE #104	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
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. **MARSHALL FRIEDLAND**

SIGNATURE: *Marshall Friedland*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/01 561-586-9471
 Date Daytime Phone #

CR2E037 (10/00)