
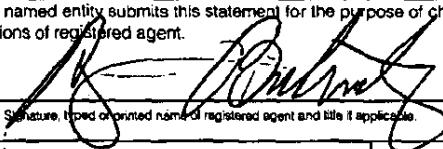
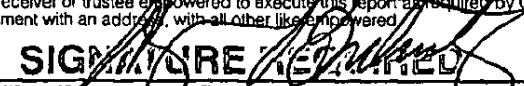


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 07, 2003 8:00 am
Secretary of State

07-28-2003 90136 047 ****61.25

DOCUMENT # 736325					
1. Entity Name BOYNTON BEACH JEWISH CENTER BETH KODESH, INC.					
Principal Place of Business 501 NE 26TH AVE BOYNTON BCH FL 33435		Mailing Address 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		4. FEI Number 59-1680041	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRIEDLAND, MARSHALL 330 NE 26 AVE #118 BOYNTON BEACH FL 33435			7. Name and Address of New Registered Agent Name HARVEY BERKOWITZ Street Address (P.O. Box Number is Not Acceptable) 10426 COOPER LAKE DRIVE PO BOX 740414 City Boynton beach FL Zip Code 334437		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		DATE 7/17/03			
FILE NOW: FEE IS \$61.25 After September-10, 2003, min. will be \$236.25		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDLAND, MARSHALL		NAME	HARVEY BERKOWITZ	
STREET ADDRESS	330 NE 26 AVE, #118		STREET ADDRESS	PO BOX 740414	
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP	BOYNTON BEACH, FL 33474	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK, LILLIAN		NAME	JACK KLEIN	
STREET ADDRESS	2400 NE 1ST LANE #401		STREET ADDRESS	2299 NW 56 ST	
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOCHMAN, IRWIN		NAME	ARTHUR FARKAS	
STREET ADDRESS	130 NE 26 AVE #104		STREET ADDRESS	11626 LOSANO DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	TDS	<input checked="" type="checkbox"/> Delete	TITLE	TO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIEDBERG, HERBERT		NAME	ROGER WILLIAMS	
STREET ADDRESS	10878 ROYAL CARIBBEAW		STREET ADDRESS	1100 BLUEGRASS DR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITTLEMAN, EVELYN		NAME		
STREET ADDRESS	2620 NE 1ST CT 305		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 reports 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 information.					
SIGNATURE: 		DATE: 7/17/03			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HARVEY BERKOWITZ		Daytime Phone #			

CR2E037 (4/03)