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

DOCUMENT # 736490



FILED Jan 15, 2003 8:00 am Secretary of State

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BEVERLY SHOLOM	' HILLS JEWISH CENTER - C , INC.	Ongregation Beth						
Principal Pla	co of Rusiness	Mailing Address			†			
Principal Place of Business ONE CIVIC CIRCLE		Mailing Address				=		
		P.O. BOX 640024 BEVERLY HILLS FL 34464-0024						
US		US						
		3. Mailing Address				a ir biair biai r biair aigh aigh i		
Suite, Apt. #, etc.		Suite Apt H etc						
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				CHECK HERE I	F MAKING CHANGE	S
City & SIDEVERLY HILLS, FL.		City & State		4. FEI Number	23-7075223		Applied For Vot Applicable	
Zip 34	46.5 - Country-	Zip 🚈 😂 🖂 🗸 🔻	Country	الكتب كمشيد سيتراد	5. Certificate of	Status Desired	\$8.75	
 	6. Name and Address of Current	Pogletored Agent	<u> </u>		7 Name and As	Ideas of New Da	Fee Requi	red
<u> </u>	6. Name and Address of Current	Registered Agent	Name	1/4		Idress of New Re	gistered Agent	
LEAVITT	SONVA			MARVEY KOBERIS				
LEAVITT, SONYA 864 W GLEASON ST			Street	t Address (P.O. Box Number is	Not Acceptable)		
BEVERLY HILLS FL 34465			3	3824 N. BALTUSROL PATH				
			City	LECAN	170		FL 34	461
	e named entity submits this statement for	or the purpose of changing its	registered office	or register	red agent, or both, i	n the State of Flor	ida. I am familiar with	n, and accept
the obliga	itions of registered agent.					1		ł
	Hanse Pla	L	HARU	IKV I	ROBERTS	SECTY	1/6/03	
SIGNATURE	Signature, typed or printed name of registered agent	297 ()		•			1/0/0/3	
	Signature, types of printed varie of registered agent	and the rapplicable. (NOTE	E: Registered Agent sign	Hatrile Lednilêri	i when reinstating)		DATE	
						Y		
	FILE NOW: FEE IS \$61.25	1	npaign Financing		\$5.00 May Be		e Check Payable	
	FILE NOW: FEE IS \$61.25	9. Election Can Trust Fund C	, -		\$5.00 May Be Added to Fees		e Check Payable a Department of	
10.	OFFICERS AND DI	Trust Fund C	, -		Added to Fees	Florida		State
10.	OFFICERS AND DI	Trust Fund C	11.		Added to Fees	Florida GES TO OFFICER	S AND DIRECTORS	State
10. TITLE NAME	OFFICERS AND DI	Trust Fund C	11. TITLE NAME	7. P.	Added to Fees	Florida GES TO OFFICER	S AND DIRECTORS	State
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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. thenir 16/03 352-746-6453

SIGNATURE: _

MORTONTWIENERCIRESED