

2000 UNIFORM BUSINESS REPORT (UBR)

4/4

FILED
May 10, 2000 8:00 am
Secretary of State

04-04-2000 90019 030 ****61.25

DOCUMENT # 744248

1. Entity Name

TEMPLE BETH SHOLOM, INC.

Principal Place of Business

4144 CHASE AVE.
 MIAMI BEACH FL 33140

Mailing Address

4144 CHASE AVE.
 MIAMI BEACH FL 33140-3431

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

59-0714828

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

DAVIS, ROBERT
4144 CHASE AVENUE
MIAMI BEACH, FL. FL 33140

7. Name and Address of New Registered Agent

Name **ALICE MILLER**

Street Address (P.O. Box Number is Not Acceptable)

4144 CHASE AVENUE

City **MIAMI BEACH**

FL

Zip Code **33140**

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

Alice Miller, Executive Director - ALICE MILLER

3/23/00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CITRIN, CHARLES A 3724 PINETREE DRIVE MIAMI BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HIRSCHL, ANDREW 176 BAL BAY DRIVE BAL HAROR FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT STEELE, MORTON 9 ISLAND AVE #1214 MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT LAND, ALLAN D 441 WEST 62 STREET MIAMI BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HORWITZ, SANFORD 5514 PINETREE DRIVE MIAMI BEACH FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BARASH, A. JEFFREY 6025 NORTH BAY ROAD MIAMI BEACH FL 33140	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Financial Secretary SD Donna R. Blaustein 18 W. RIVO ALTO DR. Miami Beach, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President PD same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President VD same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer TD Makoff, Joy 6415 Pinetree Dr. Miami Beach, FL 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President VD same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Associate Treasurer TD same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerments.

SIGNATURE:

Andrew Hirschl
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW HIRSCHL

3/22/2000

Date

305-532-1444

Daytime Phone #

CR2E037 (9/99)