

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750602

1. Entity Name

TEMPLE BETH OR, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90002 048 ****61.25

Principal Place of Business

Mailing Address

11715 S.W. 87TH AVE.
 MIAMI FL 33116-0081

11715 SW 87TH AVE
 MIAMI FL 33176-4305
 US

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

59-2075317

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

ELLIOTT, IRENE
19756 BEL AIRE DR
MIAMI FL 33157

Name

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

City

FL

Zip Code

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 _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **P**
GOODMAND, LAWRENCE
 STREET ADDRESS **13720 SW 74 AVE**
 CITY-ST-ZIP **MIAMI FL 33158**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
SCHWARTZ, DOUGLAS
 STREET ADDRESS **8717 SW 79 PLACE**
 CITY-ST-ZIP **MIAMI FL 33143-7040**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
STEINBERG, LINDA
 STREET ADDRESS **14485 S.W. 57 TERR.**
 CITY-ST-ZIP **MIAMI FL 33158**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
PASSMAN, RICHARD
 STREET ADDRESS **8285 SW 139 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33158**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD**
ELLIOTT, IRENE
 STREET ADDRESS **19756 BEL AIRE DR.**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

IRENE ELLIOTT **IRENE ELLIOTT** 1-6-00 305-235-4119