

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90498 028 ****61.25

DOCUMENT # **750602**

1. Entity Name
TEMPLE BETH OR, INC.



Principal Place of Business
**11715 S.W. 87TH AVE.
MIAMI FL 33116-0081**

Mailing Address
**11715 SW 87TH AVE
MIAMI FL 33176
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2075317**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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. I am familiar with, and accept the obligation of the registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. **VD** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
NAME **Alan Eisenberg**
STREET ADDRESS **14510 SW 77 COURT**
CITY-ST-ZIP **Miami FL 33158**

TITLE **D** Delete
NAME **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 **SD** Delete
NAME **FABER, SHEP**
STREET ADDRESS **1 GROVE ISLE DRIVE**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE Change Addition
NAME **SHEP FABER**
STREET ADDRESS **1 Grove Isle Drive**
CITY-ST-ZIP **Coconut Grove FL 33133**

TITLE **VD** Delete
NAME **KARPF, DAVID**
STREET ADDRESS **9851 SW 117TH COURT**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE Change Addition
NAME **Greta Harrison-Malkin**
STREET ADDRESS **10858 SW 112 Avenue**
CITY-ST-ZIP **Miami, FL 33176**

TITLE **TD** Delete
NAME **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 another like empowered.

SIGNATURE:

Irene Elliott
IRENE ELLIOTT

1-15-03

305-235-1419

CR2E037 (10/02)