2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751013

FILED
May 08, 2000 8:00 am
Secretary of State
05-08-2000 90078 017 ****61.25

1. Entity Name

BETH ISRAEL MESSIANIC FELLOWSHIP INC.

Principal Place of Business	Mailing Address
13018 GUNN HIGHWAY ODESSA FL 33556 US	POST OFFICE BOX 271708 TAMPA FL 33688-1708 US

DO NOT WRITE IN THIS SPACE

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 59-2054098 ☐ Applied For ☐ Not Applicable

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
LEVI, WILLIAM HAIM 8609 BETH COURT ODESSA FL 33556	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEVI, WILLIAM HAIM 8609 BETH COURT ODESSA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRINIDAD MONT 4504 W. HANNA AVE. TAMPA, FL 33614	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEVI, RACHELLE S. 8609 BETH COURT ODESSA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HECTOR LEZAMA 8908 BRIAR HOLLOW CT. TAMPA, FL 33629	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST LEVI, RACHELLE S. 8609 BETH COURT ODESSA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESTHER LEZAMA 8908 BRIAR HOLLOW CT. TAMPA, FL 33629	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONT, JOSE 4504 W HANNA AVE TAMPA FL 33614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLIVEROS, CARIDAD 10501 21ST STREET TAMPA FL 33620	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLIVEROS, JAIRO 10501 21ST STREET TAMPA FL 33620	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: William Levi WILLIAM LEVI Feb. 20/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #