

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756658

1. Entity Name

CONGREGATION BETH TEFILAH, INC.

Principal Place of Business

6535 W. COMMERCIAL BLVD.
TAMARAC FL 33319

Mailing Address

6535 W. COMMERCIAL BLVD.
TAMARAC FL 33319-2112

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2091201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELD, SIDNEY
8220 S.W. 24TH STREET
N. LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete
NAME BERNSTEIN, LAWRENCE
STREET ADDRESS 6080 NW 44 ST
CITY-ST-ZIP LAUDERHILL FL

TITLE D ☐ Delete
NAME FELD, SIDNEY
STREET ADDRESS 8220 S.W. 24TH ST.
CITY-ST-ZIP N. LAUDERDALE FL

TITLE D ☒ Delete
NAME KOFFLER, SIDNEY
STREET ADDRESS 1830 SW 81ST AVE APT 4315
CITY-ST-ZIP N LAUDERDALE FL 33068

TITLE FD ☐ Delete
NAME SCHULTZ, FELIX
STREET ADDRESS 6050 N.W. 64TH AVENUE
CITY-ST-ZIP TAMARAC FL

TITLE TD ☒ Delete
NAME BERMAN, LOUIS J
STREET ADDRESS 6001 NW 61ST AVE
CITY-ST-ZIP TAMARAC FL

TITLE D ☐ Delete
NAME DRIBEN, GEORGE
STREET ADDRESS 961 NW 21ST AVE
CITY-ST-ZIP TAMARAC FL 33319

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V. PRES ☐ Change ☒ Addition
NAME FISHER, ARNOLD
STREET ADDRESS 6090 SABAL PALM BLVD.
CITY-ST-ZIP TAMARAC-FL. 33319

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90060 008 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)