

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90178 015 ****61.25

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 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-2091201 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|----|--|----------|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | | | |
| FELD, SIDNEY 8220 S.W. 24TH STREET N. LAUDERDALE FL 33088 | | | | 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 | PD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BERNSTEIN, LAWRENCE | | | NAME | | | |
| STREET ADDRESS | 6080 NW 44 ST. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | LAUDERHILL FL | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FELD, SIDNEY | | | NAME | | | |
| STREET ADDRESS | 8220 S.W. 24TH ST. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | N. LAUDERDALE FL | | | CITY-ST-ZIP | | | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FISHER, ARNOLD | | | NAME | | | |
| STREET ADDRESS | 6090 SABAL PALM BLVD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | TAMARAC FL 33319 | | | CITY-ST-ZIP | | | |
| TITLE | FD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SCHULTZ, FELIX | | | NAME | | | |
| STREET ADDRESS | 6050 N.W. 64TH AVENUE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | TAMARAC FL | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DRIBEN, GEORGE | | | NAME | | | |
| STREET ADDRESS | 961 NW 21ST AVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | TAMARAC FL 33319 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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: *Lawrence A. Bernstein* **LAWRENCE A. BERNSTEIN** 1/9/02 954-735-6257

CR2E037 (9/01)