

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

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90065 008 ****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**



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 **59-2091201**

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

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

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 obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BERNSTEIN, LAWRENCE	
STREET ADDRESS	6080 NW 44 ST	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELD, SIDNEY	
STREET ADDRESS	8220 S.W. 24TH ST.	
CITY-ST-ZIP	N. LAUDERDALE FL	
TITLE	FD	<input type="checkbox"/> Delete
NAME	SCHULTZ, FELIX	
STREET ADDRESS	6050 N.W. 64TH AVENUE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRIBEN, GEORGE	
STREET ADDRESS	961 NW 21ST AVE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Lawrence A. Bernstein **SIGNATURE REQUIRED** 1/7/03 954-735-6257

CR2E037 (10/02)