

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762911

1. Entity Name

HOMESTEAD JEWISH COMMUNITY CENTER, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90200 020 ****61.25

Principal Place of Business 183 NE 8TH STREET HOMESTEAD FL 33033 US	Mailing Address 13011 S.W. 259 STREET HOMESTEAD FL 33032-6933 US
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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 59-1611197	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CREQUE, JUDITH ANN
13011 SW 259TH STREET
HOMESTEAD FL 33032

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: *Judith Ann Creque* 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

TITLE	P <input type="checkbox"/> Delete
NAME	SILVER, CAROL
STREET ADDRESS	25900 SW 152ND AVENUE
CITY-ST-ZIP	HOMESTEAD FL 33032
TITLE	TD <input type="checkbox"/> Delete
NAME	CREQUE, JUDITH
STREET ADDRESS	13011 SW 259 STREET
CITY-ST-ZIP	PRINCETON FL
TITLE	D <input type="checkbox"/> Delete
NAME	MATZA, HARRY
STREET ADDRESS	24550 SW 183RD AVE.
CITY-ST-ZIP	HOMESTEAD FL 33031
TITLE	1VPD <input type="checkbox"/> Delete
NAME	TORRELL, MORTON
STREET ADDRESS	16860 S.W. 277 STREET
CITY-ST-ZIP	HOMESTEAD FL 33031
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Judith Ann Creque* **SIGNATURE REQUIRED** 1/11/00 305-258-5670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)