

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90005 046 ****61.25



NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763961

1. Corporation Name

OHR CHAIM CONGREGATION, INC.

Principal Place of Business

317 W 47 STREET
MIAMI BEACH FL 33140

Mailing Address

317 W 47 STREET
MIAMI BEACH FL 33140

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

06/29/1982

4. FEI Number

59-2202972

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

33140

9. Name and Address of Current Registered Agent

BIRNBAUM, MARC
20801 BISCAYNE BLVD., #400
MIAMI FL 33180

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME GLUCK, MAURICIO

STREET ADDRESS 4510 PINE TREE DRIVE

CITY-ST-ZIP MIAMI BEACH FL

TITLE VP ☐ DELETE

NAME POMPER, MARK

STREET ADDRESS 4541 ADAMS AVE

CITY-ST-ZIP MIAMI BEACH FL

TITLE SD ☐ DELETE

NAME EZEKIEL, PEARL

STREET ADDRESS 5418 ALTON RD

CITY-ST-ZIP MIAMI BCH FL 33140

TITLE TD ☒ DELETE

NAME YARUS, GARY

STREET ADDRESS 330 WEST 45TH STREET

CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☐ Change ☒ Addition

1.2 NAME ELIYAH FULLER

1.3 STREET ADDRESS 862 W. 47th St.

1.4 CITY-ST-ZIP MIAMI BEACH, FL 33140

2.1 TITLE PRESIDENT, DIRECTOR ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE TD ☐ Change ☒ Addition

4.2 NAME 201 GOLD

4.3 STREET ADDRESS 4575 NAUTILUS DRIVE

4.4 CITY-ST-ZIP MIAMI BEACH, FL 33140

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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 #

CR2E037 (5/99)