

DOCUMENT # **767587**

1. Entity Name

TEMPLE BENARROCH, INC.

Principal Place of Business

17720 N. BAY ROAD, PH A
MIAMI BEACH FL 33160

Mailing Address

17720 N. BAY ROAD, PH A
MIAMI BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2614063**

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

BENARROCH, MARC
17720 N. BAY ROAD, PH A
NORTH MIAMI BEACH FL 33160

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	BENARROCH, MARC, RABBI	
STREET ADDRESS	200 178TH ST.	
CITY-ST-ZIP	NO. MIAMI BEACH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BRUCKMAN, JACK DAHAN ARNARD	
STREET ADDRESS	200 178TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BENARROCH, MATHILDE	
STREET ADDRESS	200 178TH ST.	
CITY-ST-ZIP	NO. MIAMI BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MUELEM, EZRA	
STREET ADDRESS	200 178TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	M	<input type="checkbox"/> Delete
NAME	BAROR, JACOB	
STREET ADDRESS	200 178TH ST.	
CITY-ST-ZIP	NO. MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
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		
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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:

SIGNATURE REQUIRED

MARC BENARROCH 1-3-01 305931-4161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90040 049 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (1000)