

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07863

1. Entity Name

BET SHIRA CONGREGATION, INC.

Principal Place of Business

7500 SW 120TH ST.
MIAMI FL 33156

Mailing Address

7500 SW 120TH ST.
MIAMI FL 33156-5210

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

59-2500437

Applied For

Not Applicable

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

TESCHER, GAIL S

7500 SW 120 ST.

MIAMI FL 33156

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LARKIN, JEREMY	
STREET ADDRESS	7901 SW 143RD ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FEILER, LOREE	
STREET ADDRESS	8441 SW 114 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ROSENTHAL, DANIEL	
STREET ADDRESS	6500 SW 131 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	M	<input type="checkbox"/> Delete
NAME	TESCHER, GAIL S.	
STREET ADDRESS	13500 SW 69 CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, RICHARD	
STREET ADDRESS	5020 SW 65 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIDNEY PERTNOY	
STREET ADDRESS	13003 SW 104 CT	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	PRESIDENT ELECT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEILER, LOREE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRENE WEINBERGER	
STREET ADDRESS	4994 HAMMOCK LAKE DRIVE	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHIL ZELMAN	
STREET ADDRESS	11440 SW 102 CT	
CITY-ST-ZIP	MIAMI, FL 33176	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2000

Date

305-238-2601

Daytime Phone #

CR2E037 (9/99)