

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90092 037 ****61.25

DOCUMENT # N09397

1. Entity Name
CONGREGATION BETH SHALOM OF COCONUT CREEK, INC.

Principal Place of Business 1447 LYONS ROAD COCONUT CREEK FL 33063	Mailing Address 1447 LYONS ROAD COCONUT CREEK FL 33063-3929
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number 59-2531428	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

FRIEDMAN, HY
2003 GRANADA DR.
APT. L-1
COCONUT CREEK FL 33063

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 *Hy Friedman*

3/27/00

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	FVP	<input type="checkbox"/> Delete
NAME	KATZ, KURT	
STREET ADDRESS	2465 GINGER AVENUE	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	T	<input type="checkbox"/> Delete
NAME	COHEN, ROSE K	
STREET ADDRESS	3101 PORTOFIND PT H 1	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	P	<input type="checkbox"/> Delete
NAME	MILDEN, BENJAMIN	
STREET ADDRESS	3003 PORTOFINO ISLE D2	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	TTR	<input type="checkbox"/> Delete
NAME	FRIEDMAN, HY	
STREET ADDRESS	2003 GRANADA DRIVE L-1	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	SCHWARTZ, MIRIAM	
STREET ADDRESS	2003 GRANADA DR L-2	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
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	
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: *Berynne Wilgus*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00
 Date

954-975-4666
 Daytime Phone #

CR2E037 (9/99)