

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90035 019 \*\*\*\*61.25

**DOCUMENT # N09397**

1. Entity Name

**CONGREGATION BETH SHALOM OF COCONUT CREEK, INC.**

Principal Place of Business

Mailing Address

1447 LYONS ROAD  
 COCONUT CREEK FL 33063

1447 LYONS ROAD  
 COCONUT CREEK FL 33063

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 **59-2531428**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LEONARD, PAUL I**  
**3301 ARUBA WAY**  
**APT. C-1**  
**COCONUT CREEK FL 33063**

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

*Paul I Leonard, Treas.*

2/26/02

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>IZOLD, SPAIZER</b>	
STREET ADDRESS	<b>2803 VICTORIA WAY H-1</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33066</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>COHEN, ROSE K</b>	
STREET ADDRESS	<b>3101 PORTOFIND PT H 1</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33063</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MILDEN, BENJAMIN</b>	
STREET ADDRESS	<b>3003 PORTOFINO ISLE D2</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LEONARD, PAUL I</b>	
STREET ADDRESS	<b>3301 ARUBA WAY #C1</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33066</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LICHSTEIN, SARAH</b>	
STREET ADDRESS	<b>2006 GRANDA DR.</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33066</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SANDERS, COLLEEN</b>	
STREET ADDRESS	<b>4130 NW 22 ST.</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33066</b>	

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	<b>VA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LIEBERMAN, SAM</b>	
STREET ADDRESS	<b>3203 PORTOFIND PT. # E3</b>	
CITY-ST-ZIP	<b>COCONUT CREEK, FL 33066</b>	
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:

*Paul I Leonard*  
**IZOLD SPAIZER**

2/23/02

954 975-4666

CR2E037 (9/01)