2000 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

City & State

Suite, Apt. #, etc.

DOCUMENT # N10513 1. Entity Name CONGREGATION STAR OF ISRAEL, INC. Principal Place of Business Mailing Address 4434 N BAY RD 3201 COLLINS AVENUE MIAMI BEACH FL 33140-4023 MIAMI BEACH FL 33140-2857

Country

6. Name and Address of Current Registered Agent

2. Principal Place of Business

BERKOWITZ, ABBEY 3201 COLLINS AVE MIAMI BEACH FL 33140

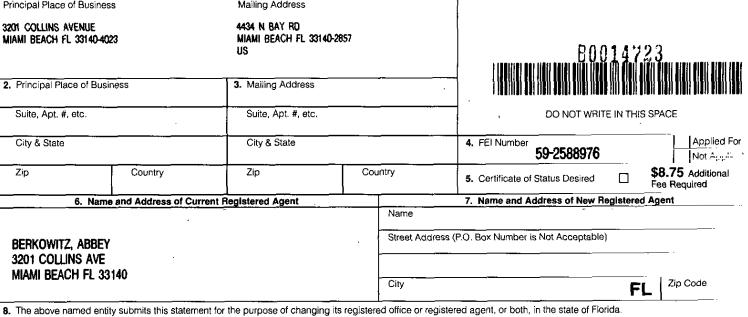
Suite, Apt. #, etc.

City & State

Zip

FILED Feb 05, 2000 8:00 am Secretary of State

02-05-2000 90019 028 ****61.25



| SIGNATURE | Signature, typed or printed name of registered age | ont and title if applicable. (NOTE: R | egistered Agent signat | ure required when reinstating) | DATE | |
|---------------------------------------|--|---|--|--------------------------------|--|------------|
| | FILE NOW: FEE IS \$61.25 | 9. Election Campaign F Trust Fund Contributi | | \$5.00 May Be Added to Fees | Make Check Payable to Department of State | |
| 10. | OFFICERS AND D | DIRECTORS | 11. | ADDITIONS/CHA | NGES TO OFFICERS AND DIRECTORS IN | 10 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BERKOWITZ, STEVEN 4300 N MERIDIAN AVE MIAMI BEACH FL | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | L *****. |
| TITLE NAME STREET ADDRESS CITY_ST-ZIP | VD ABBEY BENKOWITZ 4434 N BAY RD MIAMI BEACH FL | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD FURST, MARTY 4434 N BAY RD MIAMI BEACH FL | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition |

Country

Name

City

12. I hereby certify that the information supplied with this filling 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 empowe

SIGNATURE:

Daytime Phone #