

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10513

1. Entity Name

CONGREGATION STAR OF ISRAEL, INC.

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90057 047 *****61.25

| | |
|---|---|
| Principal Place of Business 3201 COLLINS AVENUE MIAMI BEACH FL 33140-4023 | Mailing Address 4434 N BAY RD MIAMI BEACH FL 33140-4023 US |
|---|---|

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|--|--|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-2588976 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|---|
| 6. Name and Address of Current Registered Agent BERKOWITZ, ABBEY 3201 COLLINS AVE MIAMI BEACH FL 33140 | 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 _____
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. <input type="checkbox"/> | \$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 | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---------------------------------|------|-------------------|--|----------------|---------------------|--|-------------|----------------|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| <table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BERKOWITZ, STEVEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4300 N MERIDIAN AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI BEACH FL</td> <td></td> </tr> </table> | TITLE | PD | <input type="checkbox"/> Delete | NAME | BERKOWITZ, STEVEN | | STREET ADDRESS | 4300 N MERIDIAN AVE | | CITY-ST-ZIP | MIAMI BEACH FL | | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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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: *Shirley R. Buss* 2/7/02

CR2E037 (9/01)