

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2000 8:00 am**
Secretary of State

02-01-2000 90022 038 ****61.25

DOCUMENT # N12788

1. Entity Name

BETH TORAH ADATH YESHURUN, INC.

Principal Place of Business

**20350 NE 26TH AVE
NORTH MIAMI BEACH FL 33180
US**

Mailing Address

**20350 NE 26TH AVE
NORTH MIAMI BEACH FL 33180-1136
US**

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

59-2750308

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**BERGOR, JOEL
20350 NE 26 AVE
NORTH MIAMI BEACH FL 33180**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BALTUCH, ROCHELLE 20350 NE 26TH AVE N MIAMI BCH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOCH, CHARLES 20350 NE 26TH AVE NORTH MIAMI BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED SHELLY, ROBERT 20350 NE 26TH AVE NORTH MIAMI BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOPPEL, WILLIAM 20350 NE 26TH AVE NORTH MIAMI BCH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRAUB, LEONARD 4210 CASPER ST HOLLYWOOD FL 33021	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VED SCHECK, RAQUEL 2120 NE 190 TERR NORTH MIAMI BCH, FL 33179	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOLFSON, ALAN 368 GOLDEN BEACH DR GOLDEN BEACH FL 33160	☐ Change ☒ Addition

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 671, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT SHELLY

1/18/00