

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90208 008 \*\*\*\*61.25

**DOCUMENT # N28549**

1. Entity Name

**CONGREGATION BETH DAVID**

Principal Place of Business

2625 SW THIRD AVE  
 MIAMI FL 33129  
 US

Mailing Address

2625 SW THIRD AVE  
 MIAMI FL 33129-2313  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0637812**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TRAUM, SYDNEY S.**  
**201 ALHAMBRA CIRCLE**  
**SUITE #1200**  
**CORAL GABLES FL 33134**

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.

**\$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 NAME	<b>P</b> <b>SACHS, EDWARD S</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>12904 S.W. 118TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE NAME	<b>VD</b> <b>GELFAND, LIONEL</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>6010 GRANADA BLVD.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE NAME	<del>VPD</del> <b>HERSHBEIN, MARTIN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>9300 S.W. 104TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE NAME	<del>EVP</del> <b>LITWER, BRUCE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3700 HARLANO STREET</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE NAME	<b>VD</b> <b>SPIELER, JAY</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>418 LUENGA AVENUE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<b>EVP</b> <b>Tobin, Lesley</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>1067 Micanopy Avenue</b>	
CITY-ST-ZIP	<b>COCONUT GROVE, FL 33133</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>VD</b> <b>Arlene Zakarin</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>305 Campana Avenue</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL 33156</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

Date

Daytime Phone #

CFR2037 (9/99)