

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36000

1. Entity Name

CONGREGATION M'ATEH CHAIM, INCORPORATED

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90004 002 ****70.00

Principal Place of Business

Mailing Address

P. O. BOX 060847
 PALM BAY FL 32906

P. O. BOX 060847
 PALM BAY FL 32906-0847

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2970132

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BURBERRY, LEE
769 JOHN CARROLL LANE
WEST MELBOURNE FL 32904

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

Lee Burberry *Lee Burberry Treasurer*

1/30/2000

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	P <input type="checkbox"/> Delete
NAME	PORTNOWITZ, BARRY
STREET ADDRESS	170 DRISKELL ST N.E.
CITY-ST-ZIP	PALM BAY FL
TITLE	T <input type="checkbox"/> Delete
NAME	BURBERRY, LEE
STREET ADDRESS	769 JOHN CARROLL LN
CITY-ST-ZIP	WEST MELBOURNE FL
TITLE	D <input type="checkbox"/> Delete
NAME	GOLDBERG, BOB
STREET ADDRESS	1241 MEDINA AVENUE NW
CITY-ST-ZIP	PALM BAY FL
TITLE	VP <input type="checkbox"/> Delete
NAME	MAY, HARRIETT
STREET ADDRESS	198 PELICAN DR. N.E.
CITY-ST-ZIP	PALM BAY FL
TITLE	D <input type="checkbox"/> Delete
NAME	SCHIFF, MARILYN
STREET ADDRESS	1372 ASHFORD ST.
CITY-ST-ZIP	PALM BAY FL
TITLE	SD <input type="checkbox"/> Delete
NAME	SIMON, HELENE
STREET ADDRESS	481 TOPEKA RD. SW
CITY-ST-ZIP	PALM BAY FL

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	<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	

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:

Lee Burberry *Lee Burberry Treasurer*

1/30/2000 3217249214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)