## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Principal Place of Business

N38208

(7)

Mailing Address

C.B.J. OF NORTH MIAMI BEACH, INC.

1200 NE MIAMI GARDENS N MIAMI BEACH FL 33179		1200 NE MIAMI GARDENS N MIAMI BEACH FL 33179-4716			•
US		US		3. Date Incorporated or Qualified 05/18/1990	3a. Date of Last Report 03/14/1996
2. Principa	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2424775	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
22 City & SI	tate	City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for I	
24	25		30		Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	glatered Agent
-			81 Name	YLLIS HOROWITZ	
	STEIN, WILMER		82 Street	Address (P.O. Box Number is Not Acceptab	
1300 N.E. MIAMI GARDENS DR. APT 407			120	O NE MIAMI GARDEN	s dr
n miai	MI BCH FL 33179		63	•	
			84 City		85 Zip Code
· · · · · · · · · · · · · · · · · · ·			N. 1	11AMI BEACH	FL   33179
11. Pursua office c	nt to the provisions of Sections 617.0502 or registered agent, or both, in the State of	and 617.1508, Florida Statute f Florida, Such change was a	es, the above-named authorized by the cor	corporation submits this statement for the progration's board of directors. I hereby accept	surpose of changing its registered to the appointment as registered
agent.	I am familiar with, and accept the obligati	ons of, Section 617.0503, Flo	orida Statutes.	poration's board of directors. I hereby accept	
SIGNATUR	- Phyllis Doron	re			
40	Signature typed or profed name of registered agent OFFICERS AND		E: Registered Agent signature 13.	a required when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE
12. TITLE	OPPL OPPLEAS AIND	DELETE	1.1 TITLE	PP-	Change Addition
NAME	BLUM, MARVIN		1.2 NAME	DANZIGER, MICH	MEL COMMON
STREET ADDRES			1.3 STREET ADDRESS	1200 NE MIAMI PAR	edens Dr.
	N MIAMI BEACH FL			M.MIAMI BEACH, FI	_A. 33179
CITY-ST-ZIP TITLE	DV DCAOTTE	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	OV . GASTEO ALEVA	Change Addition
NAME	GARDEN, M., RABBI		2.2 NAME	I WEDDIEK NICHAN	NDER COMMO
STREET ADDRES			2.3 STREET ADDRESS	1200 ME MILLIAM	TRUENO VA
CITY-ST-ZIP	N MIAMI BEACH FL		2.4 CITY-ST-ZIP	N. MIAMI BEACH, F	LA. 33179
TITLE	DS DS	DELETE	3.1 TITLE		Change Addition
NAME	HOROWITZ, PHYLLIS	<del></del>	3.2 NAME		
STREET ADDRES			3.3 STREET ADORESS		
CITY-ST-ZIP	N MIAMI BEACH FL		3.4. CITY-ST-ZIP		
TITLE	DV DESCRIPTION	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MORGANSTERN, A., RABBI		4. 2 NAME		· · · · —
STREET ADDRES			4.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL		4.4 CITY - ST - ZIP		
TITLE	D	DELETE	5.1 TITLE		Change Addition
NAME	SINGER, SOL		5.2 NAME		
STREET ADDRES			5.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL		5.4 CITY-ST-ZIP		
TITLE	B.	DELETE	6.1 TITLE		Change Addition
NAME	GOLDSTEIN, WILMER	<u> </u>	6.2 NAME		• <del></del> -
STREET ADDRES			6.3 STREET ADDRESS		
מווע פון אום	N MIAMI REACH EI		6 4 CITY OT 710		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

**FILED** 

Feb 07 1997 8:00am

Secretary of State