

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43428

1. Entity Name

AYTS CHAYIM MESSIANIC SYNAGOGUE, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90012 009 ****61.25

Principal Place of Business

Mailing Address

22095 ATAMAN ST
 BOCA RATON FL 33428
 US

P O BOX 811323
 BOCA RATON FL 33481-1323

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0261270

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

BRAWER, IRA ETHAN
 22095 ATAMAN ST
 BOCA RATON FL 33428

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 Func 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	PD	<input type="checkbox"/> Delete
NAME	BRAWER, IRA E.	
STREET ADDRESS	22095 ATAMAN ST	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BRAWER, GLORIA J.	
STREET ADDRESS	22095 ATAMAN ST	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBS, R	
STREET ADDRESS	3259 CORAL RIDGE DR	
CITY-ST-ZIP	CORAL SPGS FL 33085	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOUTZER, S	
STREET ADDRESS	14527 SUNNY WTERS	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<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	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOBS, R	
STREET ADDRESS	3259 CORAL RIDGE DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33085	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGARET A. Hoover	
STREET ADDRESS	1814 16th Ave. NORTH	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM A. Hoover	
STREET ADDRESS	1814 16th Ave. NORTH	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
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: *IRA BRAWER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRA BRAWER 3/27/00

Date

561-28-0458

Daytime Phone #

CR2E037 (9/99)