

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90068 013 ****61.25

DOCUMENT # **043428**
1. Entity Name **Ayts Chayim Messianic Synagogue, Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **22095 Ataman St.**
Suite, Apt. #, etc.

3. Mailing Address **P.O. Box 811323**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Boca Raton, FL** City & State **Boca Raton, FL** 4. FEI Number **65-0261270** Applied For Not Applicable
Zip **33428** Country **USA** Zip **33481** Country **USA** 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **IRA BRAWER**
Street Address (P.O. Box Number is Not Acceptable) **22095 Ataman St.**
City **Boca Raton** FL Zip Code **33428**

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 *Ira Brawer* DATE **4/23/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25
Initial or Amended UBR**

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	President / Director Ira Brawer 22095 Ataman St. Boca Raton, FL 33428	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice-President / Director Gloria Brawer 22095 Ataman St. Boca Raton, FL 33428	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer / Director Ron Jacobs 3259 Coral Ridge Dr. Coral Springs, FL 33065	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Lorry Ciporkin - Secretary / Director 804 Cypress Grove Lane #503 Pompano Beach, FL 33069	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Peter Ciporkin 804 Cypress Grove Lane #503 Pompano Beach, FL 33069	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Harriet Ginsburg 5851 Camino Del Sol Boca Raton, FL 33433	TITLE 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 on an attachment with an address with all other like empowered.

SIGNATURE: *Ira Brawer, Pres.* **IRA BRAWER** 4/24/02 561-487-3839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)