

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

0081739

03-03-2003 90423 041 \*\*\*\*61.25

**DOCUMENT # N43428**

1. Entity Name

**AYTS CHAYIM MESSIANIC SYNAGOGUE, INC.**



Principal Place of Business

**22095 ATAMAN ST  
BOCA RATON FL 33428  
US**

Mailing Address

**P O BOX 811323  
BOCA RATON FL 33481**

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**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
NAME **BRAWER, IRA E.**  
STREET ADDRESS **22095 ATAMAN ST**  
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VSD**  Delete  
NAME **BRAWER, GLORIA J.**  
STREET ADDRESS **22095 ATAMAN ST**  
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD**  Delete  
NAME **JACOBS, R**  
STREET ADDRESS **3259 CORAL RIDGE DR**  
CITY-ST-ZIP **CORAL SPRINGS FL 33085**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD**  Delete  
NAME **CIPORKIN, LARRY**  
STREET ADDRESS **804 CYPRESS GROVE LANE #503**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **CIPORKIN, PETER**  
STREET ADDRESS **804 CYPRESS GROVE LANE #503**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **GINSBURG, HARRIET**  
STREET ADDRESS **5851 CAMINO DEL SOL**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE  Change  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: \_\_\_\_\_

*Harriet Ginsburg*  
**SIGNATURE REQUIRED**

2/26/03

561-218-0458

CR2E037 (10/02)