

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90233 033 ****61.25

DOCUMENT # N43903

1. Entity Name
BEIT DAVID SHUL AND COMMUNITY CENTER, INC.



Principal Place of Business
**19680 WEST DIXIE HIGHWAY
MIAMI, FL 33180**

Mailing Address
**19680 WEST DIXIE HIGHWAY
MIAMI, FL 33180**

94074643



01222004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0456611

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SLOCHOWSKY, AVISHAI
625 GOLDEN BEACH DRIVE
GOLDEN BEACH, FL 33160**

*Lillian Sredni, PA
1380 NE Miami Gardens
Drive #246
North Miami Beach, FL
33179*

**DO NOT WRITE
IN THIS SPACE**

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

Juan P. Sredni
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/04

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
SLOCHOWSKY, AVISHAI
19680 W DIXIE HWY
MIAMI, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDD
RUSS, RAFAEL
19680 W DIXIE HWY
MIAMI, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
MANDOWSKY, JACQUES
19680 W DIXIE HWY
MIAMI, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TDD
NAJMAN, WOLF
19680 W DIXIE HWY
MIAMI, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/04 305-610-4585