2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N47685** Feb 29, 2000 8:00 am **Secretary of State** BOCA RATON COMMUNITY ERUV. INC. 02-29-2000 90139 023 ****61.25 Principal Place of Business Mailing Address 7653 LONDON LANE 7653 LONDON LANE **BOCA RATON FL 33433-4160 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0200285 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BIRNBAUM, MARC 1031 IVES DAIRY RD. **SUITE 228** Zip Code City FL NORTH MIAMI BEACH FL 33179 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) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. П Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME FASS, RABBI J STREET ADDRESS STREET ADDRESS 7300 ANDORRA PLACE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Addition ☐ Delete Change TITLE TITLE BRANDER, RABBI KENNETH NAME STREET ADDRESS STREET ADDRESS 22198 HOLY HOCK TR. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Change ☐ Addition Delete TITLE TITLE NAME RABOVSKY, RABBI ELIYAHU NAME STREET ADDRESS STREET ADDRESS 21651 NAPA CT CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME SALAMON, CHANI STREET ADDRESS STREET ADDRESS 7653 LONDON LANE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

Date (954) 155 2380