

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90007 043 ****61.25

DOCUMENT # N94000000177

1. Entity Name

CONGREGATION BETH TIKVAH OF WEST BOCA RATON, INC

Principal Place of Business

Mailing Address

19785 HAMPTON DRIVE
 BOCA RATON FL 33434
 US

19785 HAMPTON DRIVE
 BOCA RATON FL 33434
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0459810

Applied For

Not Applicable

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

SCHUSTER, RICK
19785 HAMPTON DRIVE
BOCA RATON FL 33434

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 Fund 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	SCHUSTER, RICK	21300 PLACIDA TERRACE	BOCA RATON FL 33433	<input type="checkbox"/>
	VD HART, DIANA	18306 CORAL CHASE DR	BOCA RATON FL 33498	<input checked="" type="checkbox"/>
	VD ROSENTHAL, IRV	21317 GOISER WAY	BOCA RATON FL 33428	<input type="checkbox"/>
	SD KURLAND, ELLEN	11669 COUNTY VIEW LN	BOCA RATON FL 33428	<input checked="" type="checkbox"/>
	D BERKOWITZ, NAN	18083 CLEARBROOK CIR	BOCA RATON FL 33498	<input type="checkbox"/>
	VD PERRY, LEN	4039 LINCOLN	BOCA RATON FL 33434	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<i>[Handwritten Signature]</i>	<i>[Handwritten Address]</i>	<i>[Handwritten City-State-Zip]</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	T/D Norman Falcon	23322 Water Circle	Boca Raton, FL 33486	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	3/D Rob Schwartz	17776 Rain Tree Terr.	Boca Raton, FL 33487	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

CR2E037 (9/01)