

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90154 021 \*\*\*\*61.25

**DOCUMENT # N94000005977**

1. Entity Name

**CONGREGATION ALIYAH OF FT. LAUDERDALE, INC.**

Principal Place of Business

**9515 S.W. FIRST COURT  
 CORAL SPRINGS FL 33071**

Mailing Address

**9515 S.W. FIRST COURT  
 CORAL SPRINGS FL 33071**

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

**65-0537811**

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

**GOLDMAN, N. SAUL  
 9515 S.W. FIRST COURT  
 CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

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

**After September 13, 2002,  
 min. will be \$236.25.**

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 **D** ☐ Delete  
 NAME **GOLDMAN, N. SAUL**  
 STREET ADDRESS **9515 S.W. FIRST COURT**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **MAX, DR. DAVID**  
 STREET ADDRESS **6831 S.W. 17TH ST.**  
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Change ☐ Addition  
 NAME **Dr. Noel Wiseman**  
 STREET ADDRESS **251 JACARANDA Dr.**  
 CITY-ST-ZIP **Plantation, FL 33324**

TITLE **D** ☒ Delete  
 NAME **JAGODA, JUDY**  
 STREET ADDRESS **7859 N.W. 11TH ST.**  
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE ☒ Change ☒ Addition  
 NAME **Murray Gold**  
 STREET ADDRESS **13759 A Date Palm Court - C**  
 CITY-ST-ZIP **Delray Beach, FL 33484**

TITLE **D** ☐ Delete  
 NAME **BENNETT, LEVIN**  
 STREET ADDRESS **2301 CHERRY ST**  
 CITY-ST-ZIP **PHILADELPHIA PA**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**NOT REQUISITE**

**SAUL GOLDMAN**

**7/23/02**

**954-753-7910**

CR2E037 (4/02)