

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

0027975

DOCUMENT # N95000001331

1. Entity Name

CONGREGATION BETH EMETH, INCORPORATED

04-06-2001 90039 009 ****70.00

Principal Place of Business-

Mailing Address

11016 YORKSHIRE RIDGE CT.
 ORLANDO FL 32837

11016 YORKSHIRE RIDGE CT.
 ORLANDO FL 32837

040442

2. Principal Place of Business

3. Mailing Address

2205 Blue Sapphire Circle

2205 Blue Sapphire Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3303479

Applied For

Not Applicable

Zip

32837

Country

USA

Zip

32837

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEFKOWITZ, ROBERT
 11016 YORKSHIRE RIDGE CT.
 ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name *Robert Lefkowitz*
 Street Address (P.O. Box Number is Not Acceptable)
2205 Blue Sapphire Circle
 City *Orlando* **FL** Zip Code *32837*

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

Robert Lefkowitz

Robert Lefkowitz PTO 4/4/01

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

TITLE NAME	PTD LFKOWITZ, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	11016 YORKSHIRE RIDGE CT.	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE NAME	VD LFKOWITZ, DEBORAH	<input type="checkbox"/> Delete
STREET ADDRESS	11016 YORKSHIRE RIDGE CT.	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE NAME	SD LFKOWITZ, NATHAN	<input type="checkbox"/> Delete
STREET ADDRESS	11415 PUMPKIN SEED CT.	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PTD Lefkowitz, Robert	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2205 Blue Sapphire Circle	
CITY-ST-ZIP	Orlando, FL 32837	
TITLE NAME	VD Lefkowitz, Deborah	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2205 Blue Sapphire Circle	
CITY-ST-ZIP	Orlando, FL 32837	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Deborah Lefkowitz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah Lefkowitz
 Vice. President 4/4/01 407-855-0712

Date

Daytime Phone #

CR2E037 (10/00)