

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90156 048 \*\*\*\*70.00

**DOCUMENT # N95000001331**

1. Entity Name

**CONGREGATION BETH EMETH, INCORPORATED**

Principal Place of Business

Mailing Address

2205 BLE SALLHIRE CIRCLE  
 ORLANDO FL 32837

2205 BLE SALLHIRE CIRCLE  
 ORLANDO FL 32837

00040302

2. Principal Place of Business

*2205 Blue Sapphire Circle*

3. Mailing Address

*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

*United States*

Zip

*32837*

Country

*United States*

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEFKOWITZ, ROBERT**  
**2205 BLUE SAPPHIRE CIRCLE**  
**ORLANDO FL 32837**

Name *Lefkowitz Robert*

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Robert Lefkowitz* President, Treasurer, Director *3/13/02*

**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  Delete  
 NAME **PTD LEFKOWITZ, ROBERT**  
 STREET ADDRESS **2205 BLE SAPPHIRE CIRCLE**  
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE  Change  Addition  
 NAME *PTD Lefkowitz, Robert*  
 STREET ADDRESS *2205 Blue sapphire circle*  
 CITY-ST-ZIP *Orlando FL 32837*

TITLE  Delete  
 NAME **VD LEFKOWITZ, DEBORAH**  
 STREET ADDRESS **2205 BLUE SAPPHIRE CIRCLE**  
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD LEFKOWITZ, NATHAN**  
 STREET ADDRESS **11415 PUMPKIN SEED CT.**  
 CITY-ST-ZIP **ORLANDO FL 32821**

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

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:

*Deborah Lefkowitz*  
 Vice President and Director

*3/13/02* 407-855-0772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)