

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001664

1. Entity Name

CONGREGATION AMCHAH, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90168 021 ****61.25

Principal Place of Business

Mailing Address

1126 SOUTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33316

1126 SOUTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33316-1257

2. Principal Place of Business

2771 East Oakland Park Blvd
Suite, Apt. #, etc. #9

3. Mailing Address

2771 E OAKLAND PARK BLVD
Suite, Apt. #, etc. #9



DO NOT WRITE IN THIS SPACE

City & State
Fort Lauderdale, FL

City & State
FORT LAUDERDALE, FL

4. FEI Number

65-0572969

Applied For

Not Applicable

Zip
33306

Country
BROWARD

Zip
33306

Country
BROWARD

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WINER, RABBI L
1126 SOUTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name
WINER, RABBI L

Street Address (P.O. Box Number is Not Acceptable)
2771 EAST OAKLAND PARK BLVD #9

City
FORT LAUDERDALE

FL Zip Code
33306

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

APRIL 18, 2000

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 STREET ADDRESS CITY-ST-ZIP	PD EVIE RUDITSKY 1453 SE 17 STREET FT LAUDERDALE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BECKY WINER 1126 S. FEDERAL HWY FT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RABBI LARRY WINER 1126 S FEDERAL HWY FT LAUD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALEC MESSEROFF 807 SW 119 WAY DAVIE, FL 33325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2771 EAST OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2771 EAST OAKLAND PARK BLVD FORT LAUDERDALE FL 33306	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Becky Winer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2000 (934)561-2003
Date Daytime Phone #

CR2E037 (9/99)