

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N9500003479

1. Corporation Name

BETH TFILAH OF MIAMI BEACH, INC.

| Principal Place of Business |
|-----------------------------|
| 935 EUCLID AVE. |
| MIAMI BEACH FL 33139 |

Mailing Address

PO BOX 398838

MIAMI BEACH FL 33239-838

US

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90110 049 ****61.25

| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State Zip Country Country Suite, Apt. #, etc. 4. FEI Number 59-0678768 Not Applied For Not Applicable 5. Certificate of Status Desired Fee Required \$8.75 Additional Fee Required \$5.00 May Be | 2. Principal PI | ace of Business | Za. Mailing Address | | | 07/24/1995 | e a | | | |
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| City & State 23 | | #, etc. | | • | | | | | | |
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| 23 29 29 30 30 Trust Fund Contribution \$5.00 May Be Address of Current Registered Agent 51 Name and Address of Current Registered Agent 51 Name and Address of Current Registered Agent 51 Name and Address of Name Registered Agent 52 Street Address (Name Registered Agent 51 Name and Address of Name Registered Agent 52 Street Address (Name Registered Agent 51 Name and Address of Name Registered Agent 52 Name Art To N STERN | City & State | 9 | ⊢ , ′ | | | 5. Certificate of Status Desired | ı | • | | |
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| HAD LENOX ANE MIAMI BEACH FL 33139 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the collipsons of, Section 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and accept the collipsons of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and accept the collipsons of, Section 617,0503, Plant of the purpose of changing its registered agent and accept the collipsons of, Section 617,0503, Plant of the purpose of changing its registered agent and accept the collipsons of, Section 617,0503, Plant of the purpose of changing its registered agent and accept the collipsons of, Section 617,0503, Plant of the purpose of changing its registered agent and accept the collipsons of, Section 617,0508, Plant of the purpose of changing its registered agent and accept the collipsons of, Section 617,0508, Plant of the purpose of changing its registered agent and accept the collipsons of, Section 617,0508, Plant of the purpose of changing its registered agent and accept the collipsons of, Section 617,0508, Plant of the purpose of changing its registered agent and accept the collipsons of, Section 617,0508, Plant of the purpose of changing its registered agent and accept the collipsons of, Section 617,0508, Plant of the purpose of changing its registered agent and accept the collipsons of, Section 617,0508, Plant of the purpose of changing its registered agent and accept the collipsons of, Section 617,0508, Plant of the purpose of changing its registered agent and accept the collipsons of, Section 617,0508, Plant of the purpose of the purpose of the purpose of | DAHAV. Y | oram d | | 82 St | reet Addres | | eptable) | | - | |
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| office or registered agent, or both, in the State of Honda. Such change was authorized by minimum and accept the obligations of Section 617-0503. Florida Statutes. SIGNATURE Signature, higher or printed name of registered agent and title if applicable. NAME KLEIN, ARON STREET ADDRESS TITLE VSD NAME SINDER YABACOV STREET ADDRESS SINDER, YABACOV STREET ADDRESS TRD NAME SINDER, YABACOV STREET ADDRESS TRD NAME SINDER, YABACOV STREET ADDRESS 1666 W AVE 210 22 NAME STREET ADDRESS 1400 LENOX AVE MIAMI BEACH FL TRD DATA STREET ADDRESS 1400 LENOX AVE MIAMI BEACH FL STREET ADDRESS MIAMI BEACH FL STREET ADDRESS STREET ADDRESS MIAMI BEACH FL STREET ADDRESS MIAMI BEACH FL STREET ADDRESS STREET ADDRESS MIAMI BEACH FL STREET ADDRESS STREET ADDRESS STREET ADDRESS MIAMI BEACH FL STREET ADDRESS STREET ADDRESS MIAMI BEACH FL STREET ADDRESS MIAMI BEACH | 11. Pursuant | te the provisions of Sections 617 0502 | and 617.1508, Florida Statutes, | the above-na | med corpor | ation submits this statement for | the purpose of | changing its r | egistered | |
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| Signature, typed or printed name of regulated agent and title it applicable NATE P. | | III lariniai, with, and accept the congenie | 110 01, 0000011 011 100001 1 10110 | | , | | | | Į | |
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| | ÷ -, | | • | 6.4 CITY-ST-ZIF | • | | | | | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARYSON STEEN 4/29/99 (305)531-9827

CR2E037 (11/98)