

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003479

1. Entity Name

BETH TFIH OF MIAMI BEACH, INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90001 002 \*\*\*\*70.00

Principal Place of Business

935 EUCLID AVE.  
MIAMI BEACH FL 33139

Mailing Address

PO BOX 398838  
MIAMI BEACH FL 33239-8838  
US

CONGREGATION

2. Principal Place of Business

BETH TFIH

3. Mailing Address

PO BOX 398838

Suite, Apt. #, etc.

935 EUCLID AVE

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL.

City & State

MIAMI BEACH FL.

Zip

33139

Country

DADE

Zip

33139

Country

DADE

4. FEI Number

59-0678768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STERN, MARTON  
701 EUCLID AVE  
#302  
MIAMI BEACH FL 33139

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.

SIGNATURE

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 PTS  
NAME STERN, MARTON ☐ Delete  
STREET ADDRESS 701 EUCLID AVE 302  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE VSD  
NAME SNYDER, YAAKOV ☐ Delete  
STREET ADDRESS 1666 W AVE 210  
CITY-ST-ZIP MIAMI BCH-FL

TITLE TRD  
NAME JACABOWICS, ISIDORE ☐ Delete  
STREET ADDRESS 224 WASHINGTON AVE  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ Add  
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: *Marton Stern* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #