

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-12-2000 90098 035 ****61.25

DOCUMENT # N96000000069

1. Entity Name

CONGREGATION MAGEN DAVID OF HALLANDALE, INC.

Principal Place of Business

Mailing Address

1002 NE 25TH AVE
 HALLANDALE FL 33009
 US

1002 NE 25TH AVE
 HALLANDALE FL 33009-2871
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0634112

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GINDI, ISAAC
 1002 NE 25TH AVE.
 HALLANDALE FL 33009

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GINDI, ISAAC	
STREET ADDRESS	1002 NE 25 AVE.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	T.	<input type="checkbox"/> Delete
NAME	FALLAS, SAM	
STREET ADDRESS	600 PARKVIEW DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	YEDID, ALBERT	
STREET ADDRESS	2500 PARKVIEW DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARARY, MOE	
STREET ADDRESS	2500 PARKVIEW DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZALTA, JOE	
STREET ADDRESS	2500 PARKVIEW DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 a power of attorney or other like empowered.

SIGNATURE:

SIGNATURE *Isaac Gindi* - I GINDI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00

Date

Daytime Phone #

CR2E037 (9/99)