

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000207

1. Entity Name

CONGREGATION B'NAI EMUNAH GROUP, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90197 049 \*\*\*\*66.25

Principal Place of Business 100 BAYVIEW DRIVE NORTH MIAMI BEACH FL 33160	Mailing Address 100 BAYVIEW DRIVE NORTH MIAMI BEACH FL 33160-4781
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0667051</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PIOTRKOWSKI, JOEL S**  
**317 - 17ST STREET**  
**MIAMI BEACH FL 33141**

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	PD	<input type="checkbox"/> Delete
NAME	RAKOWSKI, HENRY	
STREET ADDRESS	10101 COLLINS AVENUE, SUITE 7F	
CITY-ST-ZIP	BAL HARBOUR FL 33154	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SYLVERMAN, JACK	
STREET ADDRESS	100 BAYVIEW DRIVE, SUITE 410	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KOPERWAS, JULIUS	
STREET ADDRESS	100 BAYVIEW DRIVE, SUITE 2005	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROSENSTEIN, SIDNEY	
STREET ADDRESS	100 BAYVIEW DRIVE, PH	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICOLAS WEISS D.	
STREET ADDRESS	100 BAYVIEW DR SUITE 1908	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL. 33160	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONARD FUCHS	
STREET ADDRESS	100 BAYVIEW DR	
CITY-ST-ZIP	SUNNY ISLES BEACH FL, 33160	
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 all other like empowered.

SIGNATURE: **JULIUS KOPERWAS TREASURER** *J Koperwas* 1-12-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)