

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000723

1. Entity Name

INTERNATIONAL FEDERATION OF MESSIANIC JEWS, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90078 022 \*\*\*\*61.25

Principal Place of Business

13018 GUNN HWY.  
 ODESSA FL 33556

Mailing Address

PO BOX 271708  
 ODESSA FL 33688-1708  
 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

59-3513544

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVI, W. HAIM  
 13018 GUNN HWY.  
 ODESSA FL 33556

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PD  
 LEVI, W. HAIM  
 8609 BETH CT.  
 ODESSA FL 33556 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 ZULASIO ARAUJO  
 CAIXA POSTAL 8739  
 BRASILIA, BRAZIL DF 70312-970 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 SD  
 LEVI, RACHELLE S  
 8609 BETH CT.  
 ODESSA FL 33556 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 VICTOR FAUR  
 40 MARQUEZ DE LORENTO  
 2841 CASTELAR, BUENOS AIRES 17712  
 ARGENTINA, SA ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VP  
 QUINN, GEORGE  
 1401 SO VINTON RD  
 ANTHONY NM 88021 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 MIKE MCGUIRE  
 PO BOX 223  
 CHRISTMAS, FL 32709-0223 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 BOGRAD, ELIEZER  
 AU.PAEZ, RESID. MOROMI, APTO 2A  
 URB EL PARAISO CA SA102 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 BOGRAD, ELIEZER  
 AU. PAEZ, RESID. MOROMI, APTO 2A  
 URB EL PARAISO, CARACAS, VENEZUELA, 1020 SA ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TD  
 DR ANTONIO BOLAINES  
 PO BOX 268  
 SAN JUAN, TX 78589 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 RAUOLFO OLIVARES  
 APARTADO POSTAL 501  
 CENTRO DE GALIERNO, SAN SALVADOR  
 EL SALVADOR ☐ Change ☒ 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:

*W. HAIM LEVI*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb. 29/2000*  
 Date

Daytime Phone #