2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000007161

May 30, 2002 8:00 AM Secretary of State

Entity Name: BETH HILLEL MESSIANIC FELLOWSHIP OF SOUTH FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

4547 NW 51ST STREET
COCONUT CREEK, FL 33073
3311 N. ANDREWS AVE EXT
POMPANO BEACH, FL 33064

Current Mailing Address: New Mailing Address:

4547 NW 51ST STREET 5549 NW 99 AVE COCONUT CREEK, FL 33073 PARKLAND, FL 33076

FEI Number: 65-0787515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARSKY, DAVID L
4547 NW 51ST STREET
COCONUT CREEK, FL 33073

BARSKY, DAVID L
6549 NW 99 AVE
PARKLAND, FL 33076

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: 05/30/2002

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 BARSKY, DAVID L
 Name:
 BARSKY, DAVID L

 Address:
 4547 NW 51ST STREET
 Address:
 6549 NW 99 AVE

 City-St-Zip:
 COCONUT CREEK, FL 33073
 City-St-Zip:
 PARKLAND, FL 33076

Title: D () Delete Title: D (X) Change () Addition Name: BARSKY, ROBERTA D (X) Change () Addition Name: BARSKY, ROBERTA

Address: 4547 NW 51ST STREET Address: 6549 NW 99 AVE
City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: PARKLAND, FL 33076

Name:FOGELMAN, ELEANORName:POLINGER, DAVIDAddress:2801 NE 183RD STREET #1811Address:624 EDGEWATER DRIVECity-St-Zip:AVENTURA, FL 33160City-St-Zip:DEERFIELD BEACH, FL 33042

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L. BARSKY PRES 05/30/2002