

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90048 014 ****61.25

DOCUMENT # N98000000082

1. Entity Name

BETH MENACHEM TORAH CENTER, INC.

Principal Place of Business

Mailing Address

20533 BISCAYNE BLVD
 416
 AVENTURA FL 33180

20533 BISCAYNE BLVD
 416
 AVENTURA FL 33180

2. Principal Place of Business

3. Mailing Address

1948 NE 123rd ST.

1948 NE 123rd ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Miami FL

City & State

N. Miami FL

Zip

33181

Country

Zip

33181

Country

U.S.A.

4. FEI Number

65-0857469

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LAZARUS, DAVID M.

235 N. UNIVERSITY DRIVE
 PEMBROKE PINES FL 33024

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 ☐ Delete
 NAME D
 STREET ADDRESS LIPSZYC, RABBI ABRAHAM
 CITY-ST-ZIP 3349 N.E. 42ND COURT
 FORT LAUDERDALE FL 33308

TITLE ☐ Delete
 NAME D
 STREET ADDRESS LIPSZYC, RIVKA
 CITY-ST-ZIP 3349 N.E. 42ND COURT
 FORT LAUDERDALE FL 33308

TITLE ☐ Delete
 NAME D
 STREET ADDRESS SPALTER, RABBI YISROEL
 CITY-ST-ZIP 3349 N.E. 42ND COURT
 FORT LAUDERDALE FL 33308

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 ☐ Addition
 NAME
 STREET ADDRESS 11650 NE 21 DR.
 CITY-ST-ZIP N. Miami FL 33181

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/02

786-423-4436

CR2E037 (9/01)