

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90043 011 ****61.25

DOCUMENT # N98000000791

1. Entity Name

B'NAI YESHUA MESSIANIC SYNAGOGUE INC.

Principal Place of Business

**7801 CARLYLE AVENUE
 MIAMI BEACH FL 33141**

Mailing Address

**PO BOX 414068
 MIAMI BEACH FL 33141**

00013040

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0828244

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

**KONISCHOWSKY, RABBI M
 7801 CARLIE AVE
 MIAMI 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 NAME STREET ADDRESS CITY-ST-ZIP	PD KONIVCOWSKY, MOSHSE 7801 CARLIE MIAMI BCH FL 33141	<input type="checkbox"/> Delete spelling
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KONIACHOWSKY, ROBERT 7801 CARLYLE AVE MAIMI BCH FL 33141	<input type="checkbox"/> Delete spelling
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TAYLOR, MARVIN 1361 NW 207TH ST. MIAMI FL 33169	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Koniuchowsky, Moshe 7801 Carlyle Avenue Miami Beach, FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Koniuchowsky, Roberto 7801 Carlyle Avenue Miami Beach, FL 33141	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VPD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Mascato 7801 Carlyle Ave. Miami Beach, FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPD
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/01 954-917-3402

CR2E037 (10/00)