

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT #N98000002637

1. Entity Name
**CONGREGATION KAHAL PORTUGAL OF MIAMI BEACH,
INC.**



Principal Place of Business
**3200 COLLINS AVENUE
MIAMI BEACH, FL 33140**

Mailing Address
**3200 COLLINS AVENUE
MIAMI BEACH, FL 33140**



03102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0851044

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KALCHMAN, CHARLES Z ESQ
2020 N.E. 163RD STREET
SUITE 300
NORTH MIAMI BEACH, FL 33162**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000856840
03/28/08-80027-015 61.25**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KAHAN, JENO
STREET ADDRESS 3200 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE VD
NAME REICH, PETER
STREET ADDRESS 3200 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE TD
NAME SCHLESINGER, SIDNEY
STREET ADDRESS 3200 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Peter Reich* **Peter Reich 3/10/2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-673-6359
Ex ytime Phone #