

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000002637

FILED
Mar 25, 2003
Secretary of State

Entity Name: CONGREGATION KAHAL PORTUGAL OF MIAMI BEACH, INC.

Current Principal Place of Business:

3200 COLLINS AVENUE
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

3200 COLLINS AVENUE
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-0851044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POLL, SOLOMON DR.
Address: 3200 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: VD () Delete
Name: REICH, PETER
Address: 3200 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: TD () Delete
Name: WEINREB, ALEXANDER
Address: 3200 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SOLOMON POLL

PD

03/25/2003

Electronic Signature of Signing Officer or Director

Date