

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90034 028 ****61.25

DOCUMENT # N98000006614

1. Entity Name

SEPHARDIC SYNAGOGUE OF FT. LAUDERDALE - "BNM", I

Principal Place of Business

**P.O. BOX 480251
FT. LAUDERDALE FL 33348**

Mailing Address

**P.O. BOX 480251
FT. LAUDERDALE FL 33348****913023**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0799124**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FIELDS, SIMON
111 N. POMPANO BEACH BLVD.
POMPANO BEACH FL 33062**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **FIELDS, SIMON**
STREET ADDRESS **111 N. POMPANO BEACH BLVD.**
CITY-ST-ZIP **POMPANO BEACH FL 33062**TITLE **D** ☐ Change ☒ Addition
NAME **SID SILVERMAN**
STREET ADDRESS **2716 NE 32 ST.**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33306**TITLE **D** ☐ Delete
NAME **ROSS, JENNIFER**
STREET ADDRESS **3316 NE 34 ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **MURPHY, ROBERTA**
STREET ADDRESS **741 NW 34 ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 REQUIRED**4/29/1 954-5611417**

CR2E037 (10/00)