

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90132 040 ****61.25

DOCUMENT # N98000006614

1. Entity Name

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

Principal Place of Business

Mailing Address

P.O. BOX 480251
FT. LAUDERDALE FL 33348

P.O. BOX 480251
FT. LAUDERDALE FL 33348

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0799124

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

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

Name

SIMON FIELDS

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

2862 NE 32nd St.

City

Fort Lauderdale FL

Zip Code

33306

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

Simon Fields

1/16/02

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 ☐ Delete
NAME D
STREET ADDRESS FIELDS, SIMON
CITY-ST-ZIP 111 N. POMPANO BEACH BLVD.
POMPANO BEACH FL 33062

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS SIMON FIELDS
CITY-ST-ZIP 2862 NE 32nd St.
Fort Lauderdale FL 33306

TITLE ☐ Delete
NAME D
STREET ADDRESS ROSS, JENNIFER
CITY-ST-ZIP 3316 NE 34 ST.
FT. LAUDERDALE FL 33308

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS JENNIFER ROSS
CITY-ST-ZIP 3201 Bayview Dr.
Fort Lauderdale FL 33306

TITLE ☐ Delete
NAME D
STREET ADDRESS SILVERMAN, SID
CITY-ST-ZIP 2716 NE 32 STREET
FORT LAUDERDALE FL 33306

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Simon Fields
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)