

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001250

1. Entity Name

YOUNG ISRAEL OF BAL HARBOUR INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90010 048 ****61.25

Principal Place of Business	Mailing Address
%MARTY PATRICK 1141 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154	%MARTY PATRICK 1141 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154-2012



DO NOT WRITE IN THIS SPACE

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 13-5611758	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PATRICK, MARTY
1141 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154

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	D <input type="checkbox"/> Delete
NAME	LACK, BERNARD
STREET ADDRESS	1141 KANE CONCOURSE
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154
TITLE	D <input type="checkbox"/> Delete
NAME	BRUM, LEON
STREET ADDRESS	1141 KANE CONCOURSE
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154
TITLE	D <input type="checkbox"/> Delete
NAME	ENGELSTEIN, HAROLD
STREET ADDRESS	1141 KANE CONCOURSE
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154
TITLE	D <input type="checkbox"/> Delete
NAME	DEUTSCH, SEYMOUR
STREET ADDRESS	1141 KANE CONCOURSE
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154
TITLE	<input type="checkbox"/> Delete
NAME	GURVITCH, NAT
STREET ADDRESS	1141 KANE CONCOURSE
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154
TITLE	<input type="checkbox"/> Delete
NAME	HART, ALEX
STREET ADDRESS	1141 KANE CONCOURSE
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NOCH BERK USATIN, LEAH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOCH BERK USATIN, LEAH
STREET ADDRESS	1141 KANE CONCOURSE
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154
TITLE	KWIAT, DAVID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KWIAT, DAVID
STREET ADDRESS	1141 KANE CONCOURSE
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154
TITLE	MARBOLIN, LARRY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARBOLIN, LARRY
STREET ADDRESS	1141 KANE CONCOURSE
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154
TITLE	Schloss, ALAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schloss, ALAN
STREET ADDRESS	1141 KANE CONCOURSE
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154
TITLE	WEIN SCHNIDERL, LEON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEIN SCHNIDERL, LEON
STREET ADDRESS	1141 KANE CONCOURSE
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: NOCH BERK USATIN, LEAH - PRESIDENT 4/6/00 305 868 4819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)