

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90385 023 \*\*\*\*70.00

**DOCUMENT # N99000001283**

1. Entity Name

**CONGREGATION B'NAI HASHEM, INC.**

Principal Place of Business

Mailing Address

1138 POINTE NEWPORT TERRACE  
 UNIT 212  
 CASSELBERRY FL 32707

P.O. BOX 180575  
 CASSELBERRY FL 32718-0575

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3569109

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

Name **Jay F. Silverman**  
 Street Address (P.O. Box Number is Not Acceptable) **1138 Pointe Newport Terrace # 212**  
**Casselberry, FL**  
 City **FL** Zip Code **32707**

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 Jay F. Silverman Jay F. Silverman 5/1/2000  
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	PSTD	<input type="checkbox"/> Delete
NAME	SILVERMAN, JAY F	
STREET ADDRESS	537 HEMINGWAY COURT	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BANDER, JEFF	
STREET ADDRESS	537 HEMINGWAY COURT	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREENSTEIN, BRUCE	
STREET ADDRESS	537 HEMINGWAY COURT	
CITY-ST-ZIP	DELAND FL 32720	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jay F. Silverman	
STREET ADDRESS	1138 Pointe Newport Terrace # 212	
CITY-ST-ZIP	Casselberry, FL 32707	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eugenia Evans	
STREET ADDRESS	1138 Pointe Newport Terrace # 212	
CITY-ST-ZIP	Casselberry, FL 32707	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Silverman	
STREET ADDRESS	950 Laurel Oaks Lane	
CITY-ST-ZIP	Orange City, FL 32763	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Jay F. Silverman Jay F. Silverman 5/1/2000 767-7502  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)