## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

**SIGNATURE** 

## **FILED** Feb 13, 2001 8:00 am Secretary of State DOCUMENT # N9900001283 1. Entity Name CONGREGATION B'NAI HASHEM, INC. 02-13-2001 90053 014 \*\*\*\*61.25 Principal Place of Business Mailing Address 1138 POINTE NEWPORT TERRACE P.O. BOX 180575 **UNIT 212** CASSELBERRY FL 32718 CASSELBERRY FL 32707 Principal Place of Business 3. Mailing Address 361 Tierra ivde Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3569109 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired seminole Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent erman Box Number is Not Acceptable) SILVERMAN, JAY F 1138 POINTE NEWPORT TERR #212 Zip Code 32 79 CASSELBERRY FL 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. **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. П FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PSTP **PSTD** TITLE ☐ Delete TITLE Change ☐ Addition NAME SILVERMAN, JAY F NAME Jay F. Silver man STREET ADDRESS 1138 POINTE NEWPORT TERR #212 STREET ADDRESS 1361 Tierra CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 TITLE ☐ Delete TITLE **G** effange ☐ Addition Eugenia EVANS, EUGENIA NAME NAME 1361, Tierra Circle STREET ADDRESS 1138 POINTE NEWPORT TERR #212 STREET ADDRESS in Park, FL CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 TITLE Delete TITLE ☐ Addition SILVERMAN, DAVID NAME NAME STREET ADDRESS 950 LAUREL OAKS LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORANGE CITY FL 32763** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TIT! F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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