2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9900002044 May 26, 2000 8:00 am Secretary of State TEMPLE BETH ISRAEL ENDOWMENT FUND, INC. 05-26-2000 90128 019 ****61.25 Mailing Address Principal Place of Business 7100 W OAKLAND PARK BLVD. 7100 W OAKLAND PARK BLVD. SUNRISE FL 33313-1015 SUNRISE FL 33313 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) EPSTEIN, STUART C/O TEMPLE BETH ISRAEL ENDOWMENT FUND INC 1700 NW 97TH AVE Zip Code PLANTATION FL 33322 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE Delete TITLE ARMHUR URU JAK NAME DRUSAK, ARTHUR NAME STREET ADDRESS 10123 NW 13TH CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33322 Change ☐ Addition TITLE D ☐ Delete TITLE FINEBERG, LIBO NAME NAME STREET ADDRESS STREET ADDRESS 3500 GATEWAY DR. #201 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33062 CHAIRMAN ☐ Change **★** Addition TITLE Delete TITLE GEORGE BERMAN 2743 PINETURST SHAPIRO, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 2301 NE 19TH AVE CITY-ST-ZIP CITY-ST-ZIP WILTON MANORS FL 33305 ☐ Change Addition ☐ Delete TITLE BERGMAN, AMI NAME NAME 7451 W OAKLAND PARK BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAUDERHILL FL 33319 TITLE ☐ Delete TITLE ☐ Change Addition NAME COHN, ELAINE STREET ADDRESS STREET ADDRESS 5341 SW 21ST CT. CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME GRENITZ ROBERT NAME STREET ADDRESS STREET ADDRESS 2760 PINEHURST CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33332 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 AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

954-742 - 5905 Daytime Phone #