

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90113 037 \*\*\*\*61.25

**DOCUMENT # N99000004278**

1. Entity Name  
**BENEI YISRAEL INC.** *R*

Principal Place of Business      Mailing Address  
 9992 SW 196TH ST                      9992 SW 196TH ST  
 MIAMI FL 33157                          MIAMI FL 33157-8666



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      Applied For  
 65-0938232       Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FRIAS, BARTOLOME E**  
 9992 SW 196TH ST  
 MIAMI FL 33157

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME	President Bartolome E. Frias	<input type="checkbox"/> Delete
STREET ADDRESS	9992 sw 196 st.	
CITY-ST-ZIP	Miami FL 33157	
TITLE NAME	Secretary Flor de Maria Rodrigues	<input type="checkbox"/> Delete
STREET ADDRESS	8351 sw 46 st.	
CITY-ST-ZIP	Miami FL 33155	
TITLE NAME	Vice-President Roberto Gonzales	<input type="checkbox"/> Delete
STREET ADDRESS	10031 sw 41 Tr	
CITY-ST-ZIP	Miami FL 33165	
TITLE NAME	Alexis Mari	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	13360 sw 66 st.	
CITY-ST-ZIP	Miami FL 33183	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	Coordinator Trustees Obel I. Frias	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9985 Marlin Road.	
CITY-ST-ZIP	Miami FL 33157	
TITLE NAME	Coordinator Trustees Abdiel Frias	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9992 sw 196 st.	
CITY-ST-ZIP	Miami FL 33157	
TITLE NAME	Trustees Flor de Maria Rodriguez	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8351 sw 46 st.	
CITY-ST-ZIP	Miami FL 33155	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: SIGNATURE REQUIRED      Date: 4-25-00      Daytime Phone #: 305 251-9239

CR2E037 (9/99)