

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

0040314

**DOCUMENT # 708808**

1. Entity Name

**CONGREGATION SCHAARAI ZEDEK, INC.**

01-30-2002 90115 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**3303 W. SWANN AVE.  
 TAMPA FL 33609-1699**

**3303 W. SWANN AVE.  
 TAMPA FL 33609-1699**

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

**59-1394424**

Applied For

Not Applicable

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

**ROBERT E. BROWN  
 3303 W SWANN AVE  
 TAMPA FL 33609**

Name

**KIM WEINBERG**

Street Address (P.O. Box Number is Not Acceptable)

**3303 W. SWANN AVE**

City

**TAMPA**

FL

Zip Code

**33609**

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

*Kim Weinberg*

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	VD	<input type="checkbox"/> Delete
NAME	TITEN, ANDREW	
STREET ADDRESS	5006 GARRICK COURT	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROSENTHAL, DEBORAH	
STREET ADDRESS	1907 S BENDELOW TRAIL	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, SALLY	
STREET ADDRESS	3306 WESTMORELAND DR	
CITY-ST-ZIP	TAMPA FL 33618	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MICHAEL LEWIS TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	3306 WESTMORELAND DR.	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAIL BERNUCCA	
STREET ADDRESS	947 HARBOR BAY DR	
CITY-ST-ZIP	TAMPA FL 33602	
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:

*Kim Weinberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02

Date

(813) 876-2377

Daytime Phone #

CR2E037 (9/01)