

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731644

1. Entity Name

TEMPLE KOL AMI, INC. ✓

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90088 005 ****61.25

Principal Place of Business

8200 PETERS ROAD
 PLANTATION FL 33324-3201

Mailing Address

8200 PETERS ROAD
 PLANTATION FL 33324-3201

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-7449716

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

LUNDY, RICHARD
 680 HUMMINGBIRD LANE
 PLANTATION FL 33324

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

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
After September 13, 2000 min. will be \$236.25

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	VPD	<input type="checkbox"/> Delete
NAME	COLMAN, ROBERT	
STREET ADDRESS	1140 NW 93RD TERRACE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PLEAT, KENNETH	
STREET ADDRESS	292 NW 69TH AVE #167	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LUNDY, RICK	
STREET ADDRESS	680 HUMMINGBIRD LANE E	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Colman, Robert	
STREET ADDRESS	1140 NW 93 Terrace	
CITY-ST-ZIP	Plantation, FL 33322	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rabinowitz, Alan	
STREET ADDRESS	252 NW 101 Avenue	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ash, Robert	
STREET ADDRESS	1801 SW 51 Terrace	
CITY-ST-ZIP	Plantation, FL 33317	
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: *Robert B. Colman*

UBR REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/00

Date

954-472-1988

Daytime Phone #