2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 24, 2001 8:00 am Secretary of State DOCUMENT # 731644 1. Entity Name TEMPLE KOL AMI, INC. 01-24-2001 90073 029 ****61.25 Principal Place of Business Mailing Address 8200 PETERS ROAD 8200 PETERS ROAD UUUU/422 PLANTATION FL 33324-3201 PLANTATION FL 33324-3201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 23-7449716 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LUNDY, RICHARD 680 HUMMINGBIRD LANE PLANTATION FL 33324 City Zip Code FL 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) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition PD TITI F TITLE □ Delete COLMAN, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 1140 NW 93RD TERRACE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33322 ☐ Addition Change TD ☐ Delete TITLE TITLE RABINOWITZ, ALAN NAME NAME STREET ADDRESS STREET ADDRESS 252 NW 101ST AVENUE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 TITLE - Change ☐ Addition~ TITLE-☐ Delete ASH, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 1801 SW 51ST TERRACE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

954472-1988 SIGNATURE:

with all other like empowered

of the corporation or the

changed, or on an attact

er or truste

empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if