

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-11-2002 90020 025 ****61.25

DOCUMENT # 731644
 1. Entity Name
TEMPLE KOL AMI, INC.

Principal Place of Business 8200 PETERS ROAD PLANTATION, FL 33324-3201	Mailing Address 8200 PETERS ROAD PLANTATION FL 33324-3201
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 23-7449716	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

18319



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Name: **WALDY, RICHARD**
 Street Address: **130 HUMMINGBIRD LANE**
 City: **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: _____

B. 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 STREET ADDRESS CITY-ST-ZIP	PD COLMAN, ROBERT <input checked="" type="checkbox"/> Delete 1140 NW 83RD TERRACE PLANTATION FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RABINOWITZ, ALAN <input type="checkbox"/> Delete 252 NW 101ST AVENUE D PLANTATION FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASH, ROBERT <input checked="" type="checkbox"/> Delete 1801 SW 51ST TERRACE PLANTATION FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARMEN ACKERMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8200 Peters Road D Plantation, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Lori Wellins <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8200 Peters Road D Plantation, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARMEN ACKERMAN
 1/9/02 1-800-327-7028
Date Daytime Phone #

CR2E037 (9/01)