## 2002 UNIFORM BUSINESS REPORT (UBR) FILED May 19, 2002 8:00 am § Secretary of State DOCUMENT # 758978 1. Entity Name MENORAH MANOR, INC. 05-19-2002 90031 014 \*\*\*\*61.25 Principal Place of Business Mailing Address 255 59 ST N 255 59 ST N ST. PETERSBURG FL 33710-8539 90490U ST. PETERSBURG FL 33710-8539 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2269292 Zip Not Applicable 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 MOUTSH ALL SEIDEN MARGER, BRUGE Street Address (P.O. Box Number is Not Acceptable) 360 CENTRAL AVE SUITE 1500 255 59+4 St.N. CT PETERSBURG FL Zip Code 33710 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PQ Delete TITLE CID Change ☐ Addition NAME SOBLE, JAMES NAME STREET ADDRESS 2996 SANDPIPER PLACE STREET ADDRESS CITY-ST-7IP CLEARWATER FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SEIDEN, MARSHALL NAME STREET ADDRESS 255 59TH ST N STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33710 CITY-ST-ZIE TITLE Delete TITLE Change Addition NAME ROSENBLUM, BARBARA NAME STREET ADDRESS 7 AMBLESIDE DRIVE STREET ADDRESS CITY-ST-ZIP BELLEAIR FL CITY-ST-7IP TITLE VD ☐ Delete TITLE Change Addition NAME RACHELSON, SAUL STREET ADDRESS 1103 SHIPWATCH CIRCLE STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP TITLE CB TID Stephen Wein 19890 Windthee Bird Seminole. FL 337 Delete TITLE WEISSMAN, MARILYN 1540 GULF BLVD NO 1902 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL CITY-ST-ZIP TITLE ☐ Delete TITLE VD Change ☐ Addition NAME WEISSMAN, CHARLES NAME STREET ADDRESS 11803 CARROLLWOOD VILLAGE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33624 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if SIGNATURE:

4 /23 /02