

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

08-08-2003 90092032 *****61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50168

1. Entity Name

TEMPLE SHAAREI SHALOM INC.



Principal Place of Business

9085 HAGEN RANCH ROAD
BOYNTON BEACH FL 33437
US

Mailing Address

9085 HAGEN RANCH ROAD
BOYNTON BEACH FL 33437
US

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 65-0347907

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PINKWASSER, ALAN
8231 MUIRHEAD CIRCLE
BOYNTON BEACH FL 33437

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. I am familiar with, and accept the obligations of registered agent.

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 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PRT
NAME ABRAVANEL, ARTHUR
STREET ADDRESS 166 HARBOR LAKE CI
CITY-ST-ZIP WEST PALM BEACH FL 33413

TITLE VTR
NAME BLESHEMAN, JANET
STREET ADDRESS 9954 HARBOUR LAKE CI
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE 1VP
NAME DOCTOR, LEWIS
STREET ADDRESS 7015 BRUNSWICK CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE 3VP
NAME KABINOFF, RICHARD
STREET ADDRESS 9952 MAJESTIC WAY
CITY-ST-ZIP BOYNTON BCH FL 33437

TITLE RS
NAME ROSOFF, MYRNA
STREET ADDRESS 7019 BITTERBUSH PLACE
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE TTR
NAME LATNICK, DONALD
STREET ADDRESS 9845A PARKINSONIA TREE TRAIL
CITY-ST-ZIP BOYNTON BEACH FL 33438

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT
NAME DOCTOR LEWIS
STREET ADDRESS 7015 BRUNSWICK CIRCLE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE 1ST VP
NAME ROSOFF, MYRNA
STREET ADDRESS 7019 BITTERBUSH PLACE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE 2ND VP
NAME MILOVE, JOAN
STREET ADDRESS 7237 MODENA DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE 3RD VP
NAME TATA, RONA
STREET ADDRESS 2566 HAMPTON CIRCLE, N.
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE 4TH VP
NAME ROTSEID, SELMA
STREET ADDRESS 6430 BRACKENRIDGE CIRCLE
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE TREASURER
NAME FELDMAN, HOWARD
STREET ADDRESS 2409 N.W. 32ND STREET
CITY-ST-ZIP BOCA RATON, FL 33431

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: DOCTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 9, 2003/561 364-9064

Date

Daytime Phone #

CR2E037 (4/03)