2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 758744 Mar 09, 2000 8:00 am 1. Entity Name **Secretary of State** TEMPLE MESSIANIQUE, INC. 03-09-2000 90094 004 ****61.25 Principal Place of Business Mailing Address 5420 N STATE RD 7 5420 N STATE RD 7 P.O. BOX 6065 P.O. BOX 6065 FT LAUDERDALE FL 33319-2922 FT LAUDERDALE FL 33319-2922 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2339506 Not Applicable Zip Country 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) LIPNACK, MARTIN I 6827 W COMMERCIAL BLVD FT. LAUDERDALE FL 33319 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) FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition Delete TITLE Change TITLE VALBRUN, JOCELYN NAME NAME STREET ADDRESS 3240 NW 2ND ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Addition PD ☐ Delete TITLE ☐ Change TITLE VALBRUN, JOSEPH NAME STREET ADDRESS STREET ADDRESS 3240 NW 2ND ST CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Addition Change SD ☐ Delete TITLE TITLE VALBRUN, MARYSE NAME STREET ADDRESS STREET ADDRESS 3240 NW 2ND ST CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-00

(954)486-1640

Daytime Phone #