

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90067 038 ****61.25

DOCUMENT # 708337

1. Entity Name

TEMPLE BETH TOV, AHAVAT SHALOM, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 440226
 WEST MIAMI FL 33144
 US

POST OFFICE BOX 440226
 WEST MIAMI FL 33144-0226
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2228600

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WISTOSKY, PAUL
8035 SW 107 AVE.
#310
MIAMI FL 33173

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.

SIGNATURE

Paul Wisotsky

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WISOTSKY, PAUL	
STREET ADDRESS	8035 S.W. 107 AVENUE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KLEIN, GEORGE	
STREET ADDRESS	13953 SW 66 ST.	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KOCH, LEONARD	
STREET ADDRESS	6406 SW 10 TERR.	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FINE, LOUIS	
STREET ADDRESS	6016 NW 13TH TERR	
CITY-ST-ZIP	MIAMI FL 33244	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KORBRITZ, DOROTHY	
STREET ADDRESS	5802 CORAL WAY	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PINKERTON, ALFRED	
STREET ADDRESS	9100 S.W. 85 TERRACE	
CITY-ST-ZIP	MIAMI FL	

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL WISOTSKY	
STREET ADDRESS	8035 S.W. 107 Ave #310	
CITY-ST-ZIP	MIAMI, FL. 33173	
TITLE	1ST VICE Pres.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE KLEIN	
STREET ADDRESS	13953 S.W. 66 ST	
CITY-ST-ZIP	MIAMI, FL. 33183	
TITLE	Third Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leonard Koch	
STREET ADDRESS	6406 S.W. 10th Terr.	
CITY-ST-ZIP	West Miami, FL. 33144	
TITLE	2ND VICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUIS FINE	
STREET ADDRESS	6016 N.W. 13 TERRACE	
CITY-ST-ZIP	MIAMI, FL. 33244	
TITLE	DOROTHY KORBRITZ	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOROTHY KORBRITZ	
STREET ADDRESS	5802 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL	
TITLE	TO FINKELSTEIN, ALFRED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINKELSTEIN, ALFRED	
STREET ADDRESS	10199 SW 58 STREET	
CITY-ST-ZIP	MIAMI CITY, FL 33228	

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:

ALFRED FINKELSTEIN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)