

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90035 030 \*\*\*\*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  
 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

**59-2228600**

Applied For

Not Applicable

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 \_\_\_\_\_

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	WISOTSKY, PAUL	8035 S.W. 107 AVENUE	MIAMI FL 33173	<input type="checkbox"/>
1VP	KLEIN, GEORGE	13953 SW 66 ST.	MIAMI FL 33183	<input type="checkbox"/>
VP	KOCH, LEONARD	6406 SW 10 TERR.	MIAMI FL 33144	<input type="checkbox"/>
VD	FINE, LOUIS	6016 NW 13TH TERR	MIAMI FL 33244	<input checked="" type="checkbox"/>
SD	KORBRITZ, DOROTHY	5802 CORAL WAY	MIAMI FL	<input type="checkbox"/>
TD	PINKERTON, ALFRED	9100 S.W. 85 TERRACE	MIAMI FL	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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 REQUIRED*

Date: *Jan 26 2001* Daytime Phone #: *854 251 9577*

CR2E037 (10/00)