

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

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90226 022 ****61.25

DOCUMENT # 708337
1. Entity Name
TEMPLE BETH KOV, AHAVAT SHALOM, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6438 SW 8 STREET Suite, Apt. #, etc.		3. Mailing Address POST OFFICE BOX 440226 Suite, Apt. #, etc.	
City & State WEST MIAMI, FLORIDA		City & State WEST MIAMI, FLORIDA	
Zip 33144	Country U.S.	Zip 33144	Country U.S.

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4. FEI Number 59-2228600		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name WISTOSKY, PAUL
Street Address (P.O. Box Number is Not Acceptable) 8035 SW 107 AVENUE
#310
City MIAMI
State FL
Zip Code 33173

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE PD	NAME WISOTSKY, PAUL	TITLE	
STREET ADDRESS 8035 SW 107 AVENUE #310	CITY-ST-ZIP MIAMI, FL 33173	STREET ADDRESS	
TITLE 1VPD	NAME FINE, LOUIS	TITLE	
STREET ADDRESS 6016 SW 13 TERRACE	CITY-ST-ZIP W. MIAMI, FL 33144	STREET ADDRESS	
TITLE 2VPD	NAME FERTIG, JACK	TITLE	
STREET ADDRESS 9573 - 57 STREET	CITY-ST-ZIP MIAMI, FL 33173	STREET ADDRESS	
TITLE SD	NAME KORBRTZ, DOROTHY	TITLE	
STREET ADDRESS 5802 CORAL WAY	CITY-ST-ZIP MIAMI, FL	STREET ADDRESS	
TITLE TD	NAME FINKELSTEIN, ALFRED	TITLE	
STREET ADDRESS 10199 SW 58 STREET	CITY-ST-ZIP COOPER CITY, FL 33328	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE  **ALFRED FINKELSTEIN** Date **5/19/03** Daytime Phone # **205595-2727**

CR2E037B (12/01)