

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

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90049 033 ****61.25

DOCUMENT # 711312

1. Entity Name
TEMPLE JUDEA



Principal Place of Business
**5500 GRANADA BLVD.
CORAL GABLES FL 33146**

Mailing Address
**5500 GRANADA BLVD.
CORAL GABLES FL 33146**

40006155



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0791048**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GART, MARLENE
5500 GRANADA BLVD
CORAL GABLES FL 33146**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	BAROCCAS, MARK	
STREET ADDRESS	12200 SW 71 CT	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ELLIOTT, ZACK	
STREET ADDRESS	8370 SW 89 ST	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VT	<input type="checkbox"/> Delete
NAME	LASH, ALICE	
STREET ADDRESS	9405 SW 68 CT	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	SV	<input checked="" type="checkbox"/> Delete
NAME	KASS, MARK	
STREET ADDRESS	11620 SW 92ND AVE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIMON, GARY	
STREET ADDRESS	6465 S W 110 ST.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	BULBIN, NEIL	
STREET ADDRESS	5718 SW 49 CT	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan Silver	
STREET ADDRESS	13451 SW 57th	
CITY-ST-ZIP	Miami FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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 Trees 1/7/03 305-670-6780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER