## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 26, 2002 8:00 am § Secretary of State **DOCUMENT # 722122** 1. Entity Name 03-26-2002 90004 046 \*\*\*\*61.25 CONGREGATION ANSHIE SHALOM, INCORPORATED, OF WES T PALM BEACH, FLORIDA Principal Place of Business Mailing Address 5348 GROVE STREET 5348 GROVE STREET 751305 WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-7210176 Not Applicable Zip Country Zip 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) ZWIEBACH, MARVIN 121 NORWICH F WEST PALM BEACH FL 33417 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete TITLE ☐ Chance Addition ZWIEBACH, MARVIN WEISS, KURT NAME NAME STREET ADDRESS 121 NORWICH F STREET ADDRESS **402 GREENBRIER A** CITY-ST-ZIP WEST PALM BEACH FL 33417 CITY-ST-ZIP W.PALM BEACH FL. 33417 TITLE ☐ Delete TITLE ☐ Change Addition NAME RICHTER, NATHAN NAME STREET ADDRESS 10 SOMERSET A STREET ADDRESS CITY-ST-ZIP \_-WEST PALM BEACH FL 33417-CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition FELDMAN, LEONARD NAME NAME STREET ADDRESS 394 CHATHAM T STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33417 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition Lipson, seth NAME NAME STREET ADDRESS 1920 PALM BCH, LAKES BLVD, #204 STREET ADDRESS CITY-ST-7IP CITY-\$T-ZIP WEST PALM BEACH FL 33409 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 region 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

**FILED**