

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727369

1. Entity Name

Temple Samu-El or Olom, Inc.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90049 030 \*\*\*\*61.25

Principal Place of Business Mailing Address  
9353 SW 152 Ave 9353 SW 152 Ave  
Miami FL 33196 Miami FL 33196

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 23-7346131 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

Zelonken Regina  
10040 SW 144th St  
Miami, FL 33176

## 7. Name and Address of New Registered Agent

Name Martin E. Levine  
Street Address (P.O. Box Number is Not Acceptable) 8900 SW 107 Avenue, Suite 206  
City Miami FL Zip Code 33176-1451

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 *Martin E. Levine* Martin E. Levine 5/22/00  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D <del>Michael Schlachtmann</del> Farber, Mark 14270 SW 106 Terr Miami FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Silverman, Saul 8470 SW 170 Terr Miami FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Schlachtmann, Michael 13135 SW 107 St Miami FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Baas, David C 8532 SW 146 Ct Miami FL 33180 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

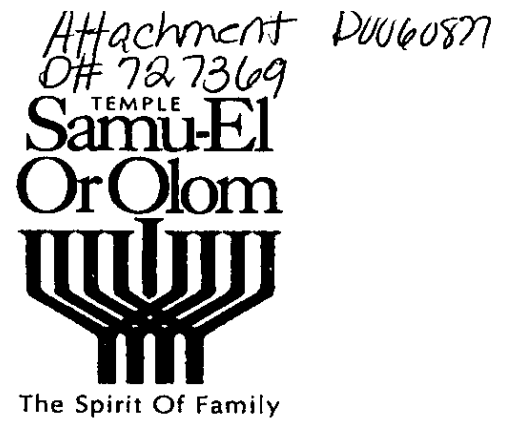
## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Michael Schlachtmann 13135 SW 107 St Miami FL 33186 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP, D Linda Hornik 8520 SW 12th St Miami FL 33144 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Saul Silverman 8470 SW 170 Terr Miami FL 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS, D Lem Lann 8573 S.W. 144 Ct Miami FL 33183 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT, D Michael Slotnick 10340 SW 96 Terr Miami, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael Schlachtmann* 5/22/00 387-1434  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)



May 22, 2000

Florida Department of State  
Division of Corporate Records  
P.O. Box 6327  
Tallahassee, Florida 32314

To whom it may concern:

Thank you for forwarding a copy of your UBR form for us to file for the year 2000. This note is sent to clarify the information we added to the form, in case the printing is difficult to read.

The new registered agent is: **Martin E. Levine**  
8900 SW 107 Avenue- Suite 206  
Miami, FL 33176-1451

The Officers and Directors should now read:

P,D                      **Michael Shlachtman**  
13135 SW 107 St.  
Miami, FL 33186

EVP,D                      **Linda Hornik**  
8520 SW 12 St.  
Miami, FL 33144

T,D                      **Saul Silverman**  
8430 SW 170 Terr.  
Miami, FL 33157

FS,D                      **Leon Lann**  
8573 SW 144 Ct  
Miami, FL 33183

AT,D                      **Michael Slotnick**  
10340 SW 96 Terr  
Miami, FL 33176

Thank you for your assistance. Should there be any questions I can resolve on the remainder of this form, please contact me at 305-382-3668.

Sincerely,

  
Dan Horton  
Executive Director

9353 S.W. 152 Avenue  
Miami, FL 33196-1205  
(305) 382-3668  
Fax (305) 383-0706

**Nathan H. Rose**  
*Rabbi*

**Ronit Rubin**  
*Cantor*

**Dan Horton**  
*Executive Director*

**Beverly Rose**  
*Religious School Principal*

**Nancy Seidner**  
*Early Childhood  
Education Director*

**Dennis Miller**  
*Youth Director*

**Harry Knopf**  
*Gabbai*

**Mickey Shlachtman**  
*President*

**Linda Hornik**  
*Executive Vice President*