

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90064 045 ****61.25

A0062506

DO NOT WRITE IN THIS SPACE

DOCUMENT # 727369

1. Entity Name

Temple Samu-El or Olom, Inc.

Principal Place of Business

Mailing Address

9353 SW 152 Avenue
 Miami, FL 33196

9353 SW 152 Avenue
 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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Martin E. Levine
 8900 SW 107 Avenue
 Suite 206
 Miami, FL 33176-1451

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 P,D ☐ Delete
 NAME Linda Hornik
 STREET ADDRESS 8520 SW 12 Street
 CITY-ST-ZIP Miami, FL 33144

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE EVP,D ☐ Delete
 NAME Michael Backer
 STREET ADDRESS 10502 SW 143 Court
 CITY-ST-ZIP Miami, FL 33186

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T,D ☐ Delete
 NAME Saul Silverman
 STREET ADDRESS 8430 SW 170 Terrace
 CITY-ST-ZIP Miami, FL 33157

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE FS,D ☐ Delete
 NAME Leon Lann
 STREET ADDRESS 8573 SW 144 Court
 CITY-ST-ZIP Miami, FL 33183

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE AT,D ☐ Delete
 NAME Michael Slotnick
 STREET ADDRESS 10340 SW 96 Terrace
 CITY-ST-ZIP Miami, FL 33176

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME Michael Shlachtman
 STREET ADDRESS 13135 SW 107 Street
 CITY-ST-ZIP Miami, FL 33186

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Linda Hornik *Linda Hornik*

4/23/01

305-921-7217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)