

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

*Open*

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90218 002 \*\*\*\*61.25

**DOCUMENT # 727369**

1. Entity Name  
**TEMPLE SAMU-EL OR OLOM, INC.**



Principal Place of Business

9353 S.W. 152 AVE.  
MIAMI FL 33196

Mailing Address

9353 S.W. 152 AVE.  
MIAMI FL 33196

2. Principal Place of Business

**10680 SW 113 PL**

3. Mailing Address

**10680 SW 113 PL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

**Miami, FL**

4. FEI Number **23-7346131**

Applied For

Not Applicable

Zip

**33176**

Country

**Miami-Dade**

Zip

**33176**

Country

**Miami-Dade**

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

**LEVINE, MARTIN E**  
**8900 SW 107 AVE**  
**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. 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 **D** ☐ Delete  
NAME **SHLACHTMAN, MICHAEL**  
STREET ADDRESS **13135 SW 107 ST**  
CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE **PD** ☐ Delete  
NAME **HORNIK, LINDA**  
STREET ADDRESS **8520 SW 12TH ST**  
CITY-ST-ZIP **MIAMI FL 33144**

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

TITLE **TD** ☐ Delete  
NAME **SILVERMAN, SAUL**  
STREET ADDRESS **8430 SW 170 TERR**  
CITY-ST-ZIP **MIAMI FL 33157**

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

TITLE **FSD** ☐ Delete  
NAME **LANN, LEON**  
STREET ADDRESS **8573 SW 144 CT**  
CITY-ST-ZIP **MIAMI FL 33183**

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

TITLE **ATB E V P D** ☐ Delete  
NAME **SLOTNICK, MICHAEL**  
STREET ADDRESS **10340 SW 96 TERRACE**  
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **SVPD** ☐ Delete  
NAME **BACKER, MICHAEL**  
STREET ADDRESS **10502 SOUTHWEST 143RD COURT**  
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: **SIGNATURE VERIFIED Michael Backer 4/20/03 305-271-5756**

CR2E037 (10/02)