

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90015 022 \*\*\*\*61.25

**DOCUMENT # 733122**

1. Entity Name

**TEMPLE JUDEA OF CARRIAGE HILLS, INC.**

Principal Place of Business

6734 1/2 STERLING RD  
 HOLLYWOOD FL 33024

Mailing Address

6734 1/2 STERLING RD  
 HOLLYWOOD FL 33024

300019



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1699577**

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

**GLATSTEIN, NATHAN**  
**647 BRIARWOOD CIRCLE**  
**HOLLYWOOD FL**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

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TITLE	NAME	TITLE	NAME
PD	GLATSTEIN, NATHAN 647 BRIARWOOD CIRCLE HOLLYWOOD FL		
V	SNETSKY, BERNARD 104 BRIARWOOD CIRCLE HOLLYWOOD FL		
TD	GOLDSTEIN, LEILA 458 BRIARWOOD CIRCLE HOLLYWOOD FL		
SD	COHEN, MORRIS 03 FOX ROAD HOLLYWOOD FL 33024		MORRIS COHEN

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** *Nathan Glatstein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-997-5875

1-3-01

CR2E037 (10/00)