

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733122

1. Entity Name

TEMPLE JUDEA OF CARRIAGE HILLS, INC.

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90044 040 ****61.25

Principal Place of Business

6734 1/2 STERLING RD
HOLLYWOOD FL 33024

Mailing Address

6734 1/2 STERLING RD
HOLLYWOOD FL 33024

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

59-1699577

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

GLATSTEIN, NATHAN
647 BRIARWOOD CIRCLE
HOLLYWOOD FL

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 PD
NAME GLATSTEIN, NATHAN
STREET ADDRESS 647 BRIARWOOD CIRCLE
CITY-ST-ZIP HOLLYWOOD FL ☐ Delete

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

TITLE V
NAME SNETSKY, BERNARD
STREET ADDRESS 104 BRIARWOOD CIRCLE
CITY-ST-ZIP HOLLYWOOD FL ☐ Delete

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

TITLE TD
NAME GOLDSTEIN, LEILA
STREET ADDRESS 458 BRIARWOOD CIRCLE
CITY-ST-ZIP HOLLYWOOD FL ☐ Delete

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

TITLE SD
NAME COHEN, MORRIS
STREET ADDRESS 03 FOX ROAD
CITY-ST-ZIP HOLLYWOOD FL 33024 ☒ Delete

TITLE SD
NAME RUTH LACKMAN
STREET ADDRESS 2 BRIARWOOD CIRCLE #108
CITY-ST-ZIP HOLLYWOOD, FL 33024 ☒ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *NATHAN GLATSTEIN*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954
FEB 15 2002 962-7664

CR2E037 (9/01)