

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735748

1. Entity Name

TEMPLE AHAVAT SHALOM, INC.

Principal Place of Business

Mailing Address

1575 CURLEW ROAD
HARBOR FL 34683

1575 CURLEW ROAD
PALM HARBOR FL 34683-6513

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

KWALL, LOUIS
133 NORTH FT. HARRISON
CLEARWATER FL 34615

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

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

PD GRAFF, MYRON 2793 HYDE PARK DR CLEARWATER FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
VP LOWITT, ARLENE 2982 EAGLE ESTATES CIRCLE W. CLEARWATER FL 34621	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
VPD AWERBACK, MARTIN 2364 TERENCE COURT CLEARWATER FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
FS ART MATZKOWITZ 20 DEERPATH DR OLDSMAR FL 34677	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
VPD MATZKOWITZ, ART 20 DEERPATH DR OLDSMAR FL 34677	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Myron S. Graff

Myron S. Graff

2/15/00

785-8811

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90140 026 ****61.25

010410



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1848730
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (9/99)