

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 735748

FILED
Jan 14, 2002 8:00 AM
Secretary of State

Entity Name: TEMPLE AHAVAT SHALOM, INC.

Current Principal Place of Business:

1575 CURLEW ROAD
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

1575 CURLEW ROAD
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 59-1848730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KWALL, LOUIS
133 NORTH FT. HARRISON
CLEARWATER, FL 34615 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: VPD () Delete
Name: MATZKOWITZ, ART
Address: 20 DEERPATH DR
City-St-Zip: OLDSMAR, FL 34677

Title: FS () Delete
Name: ART MATZKOWITZ,
Address: 20 DEERPATH DR
City-St-Zip: OLDSMAR, FL 34677

Title: VPD () Delete
Name: AWERBACK, MARTIN
Address: 2364 TERENCE COURT
City-St-Zip: CLEARWATER, FL

Title: VP () Delete
Name: KREIGER, HANS
Address: 414 CARLISLE COURT
City-St-Zip: DUNEDIN, FL 34698

Title: PD () Delete
Name: GRAFF, MYRON
Address: 2793 HYDE PARK DR
City-St-Zip: CLEARWATER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T () Change (X) Addition
Name: COHEN, ROBERT
Address: 450 PURPLE FINCH WAY
City-St-Zip: PALM HARBOR, FL 34683

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: FS (X) Change () Addition
Name: MATZKOWITZ, ARTHUR
Address: 20 DEERPATH DR
City-St-Zip: OLDSMAR, FL 34677

Title: VPD (X) Change () Addition
Name: AWERBACK, MARTIN
Address: 2364 TERENCE COURT
City-St-Zip: CLEARWATER, FL 33759

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: PAIKOFF, NANCY
Address: 1378 FORESTEDGE BLVD
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COHEN, ROBERT

F

01/14/2002

Electronic Signature of Signing Officer or Director

Date