2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2001 8:00 am[§] Secretary of State **DOCUMENT # 744248** 1. Entity Name TEMPLE BETH SHOLOM, INC. 05-03-2001 90071 029 ****61.25 Principal Place of Business Mailing Address 4144 CHASE AVE. 4144 CHASE AVE. MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-0714828 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Miller HLice Street Address (P.O. Box Number is Not Acceptable) DAVIS, ROBERT Chase Avenue 4144 CHASE AVENUE MIAMI BEACH, FL. FL 33140 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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be **FILE NOW:** Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Financial Secretary Donna R. Blaustein Change Addition TITLE Delete TITLE NAME CITRIN, CHARLES A NAME 18W RIVO ALTO DR. STREET ADDRESS 3724 PINETREE DRIVE STREET ADDRESS Miami Beach, FL 33139 CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH FL Change ☐ Addition VPF President TITLE ☐ Delete TITLE HIRSCHL, ANDREW NAME NAME STREET ADDRESS Same STREET ADDRESS 176 BAL BAY DRIVE CITY-ST-ZIP CITY-ST-ZIP BAL HAROR FL 33154 Vice-President Change ☐ Addition TITLE Delete TITLE STEELE, MORTON NAME NAME STREET ADDRESS 9 ISLAND AVE #1214 STREET ADDRESS same CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL TReasurer Change Delete TITLE TITI F Albert, Ronald 4540 Michigan A LAND, ALLAN D NAME NAME STREET ADDRESS Miam: Beach, FL 33141 STREET ADDRESS 441 WEST 62 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL Vice-Greside TITI F ☐ Delete HORWITZ, SANFORD NAME NAME STREET ADDRESS STREET ADDRESS 5514 PINETREE DRIVE same CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 ASSOCIATE TREASURER TO ☐ Delete TITLE TITLE NAME BARASH, A. JEFFREY NAME STREET ADDRESS STREET ADDRESS 6025 NORTH BAY ROAD Same CITY-ST-ZIP CCTY-ST-7IP MIAMI BEACH FL 33140

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 eath; that I am an officer or director required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empowered to execute this repor changed, or on an attachment with an addr

SIGNATURE: