

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90178 050 ****61.25

DOCUMENT # 744248

1. Entity Name
TEMPLE BETH SHOLOM, INC.



Principal Place of Business
**4144 CHASE AVE.
MIAMI BEACH FL 33140**

Mailing Address
**4144 CHASE AVE.
MIAMI BEACH FL 33140**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0714828**

Applied For
Not Applicable

Zip

Country

Zip

Country

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, ALICE
4144 CHASE AVENUE
MIAMI BEACH, FL. FL 33140**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Alice Miller, Executive Director

4/2/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HAYES, LINDA	
STREET ADDRESS	5561 N.W. 112 AVE. #104	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HIRSEHL, ANDREW	
STREET ADDRESS	3231 CALUSA ST.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEELE, MORTON	
STREET ADDRESS	9 ISLAND AVE #1214	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALBERT, RONALD	
STREET ADDRESS	4540 MICHIGAN AVE	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HORWITZ, SANFORD	
STREET ADDRESS	5514 PINETREE DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	V	<input type="checkbox"/> Delete
NAME	KIPNIS, NANCY	
STREET ADDRESS	394 S. HIBISCUS DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTE V. Singerman	
STREET ADDRESS	4901 Lakeview DR.	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Russin	
STREET ADDRESS	5170 LA GORCE DR.	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P	
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: *Nancy Kipnis*

03.26.03

305 578 7231

CR2E037 (10/02)