

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004833

1. Entity Name

THE AMERICAN FRIENDS OF DUBROVNIK SYNAGOGUE INC

Principal Place of Business

3000 N. OCEAN RD. SUITE 23H
WEST PALM BEACH FL 33404

Mailing Address

3000 N. OCEAN RD. SUITE 23H
WEST PALM BEACH FL 33404

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

38-3181868

Applied For

Not Applicable

5. Certificate of Status Desired

~~Not Applicable~~ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAPO, MICHAEL MD
3000 N. OCEAN RD, SUITE 23H
WEST PALM BEACH FL 33404

7. Name and Address of New Registered Agent

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

TITLE P
NAME PAPO, MICHAEL MD
STREET ADDRESS 3000 N. OCEAN RD, SUITE 23H
CITY-ST-ZIP WEST PALM BEACH FL 33404 ☐ Delete

TITLE S
NAME PAPO, RENE
STREET ADDRESS 206 S. 5 AVE, SUITE 500
CITY-ST-ZIP ANN ARBOR MI 48104 ☐ Delete

TITLE T
NAME FISHMAN, JAY
STREET ADDRESS 400 RENAISSANCE CENTER
CITY-ST-ZIP DETROIT MI 48243 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90061 032 ****70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)