2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 02, 2003
Secretary of State

DOCUMENT# F96000004833

Entity Name: THE AMERICAN FRIENDS OF DUBROVNICK SYNAGOGUE INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 38-3181868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAPO, MICHAEL MD
3000 N. OCEAN RD, SUITE 23H
WEST PALM BEACH, FL 33404 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: P ( ) Delete
Name: PAPO, MICHAEL MD
Address: 3000 N. OCEAN RD, SUITE 23H
City-St-Zip: WEST PALM BEACH, FL 33404

Title: S ( ) Delete
Name: PAPO, RENE
Address: 206 S. 5 AVE, SUITE 500
City-St-Zip: ANN ARBOR, MI 48104

Title: T ( ) Delete
Name: FISHMAN, JAY
Address: 400 RENAISSANCE CENTER
City-St-Zip: DETROIT, MI 48243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: PAPO, RENE
Address: 206 S. 5 AVE,
City-St-Zip: ANN ARBOR, MI 48104

Title: T (X) Change ( ) Addition
Name: FISHMAN, JAY
Address: 1650 BUHL BLD. 535 GRISWOLD STREET
City-St-Zip: DETROIT, MI 48226

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: MICHAEL PAPO MD P 01/02/2003
Electronic Signature of Signing Officer or Director — Date