FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 12, 2002 8:00 am Secretary of State DOCUMENT # N00000007839 08-12-2002 90013 020 ****61.25 SOUTH FLORIDA ASSOCIATION OF RABBIS, INC. Principal Place of Business Mailing Address 2771 E. OAKLAND PARK BLVD 2771 E. OAKLAND PARK BLVD FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1059009 Not Applicable Country \$8.75. Additional Country ---5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) WINER, RABBI LARRY 2771/E. OAKLAND PARK BLVD FORT LAUDERDALE FL 33306 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 ? DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be Make Check Payable to After September 13, 2002, 9. Election Campaign Financing Trust Fund Contribution. Department of State Added to Fees min. will be \$236.25. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TD Delete TITLE TITLE NAME NAME CARTER, SUZANNE STREET ADDRESS STREET ADDRESS 1540 MASTERS CIRCLE #177 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Change ☐ Addition SD □ Delete TITLE NAME NAME DAGANI, DAVID STREET ADDRESS STREET ADDRESS 12123 ROCKWELL WAY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** Change ☐ Addition TITLE PD □ Delete NAME NAME winer, larry STREET ADDRESS STREET ADDRESS 2771 E. OAKLAND PARK BLVD CITY-ST-ZIP City-ST-ZIP FORT LAUDERDALE FL 33306 ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-IST- ZIP Change ☐ Addition 🔲 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 reserver 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 address, with all other like empowered

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP