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

Jul 11, 2003 8:00 am **Secretary of State** DOCUMENT # N0200000341 07-11-2003 90045 007 ****61.25 Entity Name MOUNT SINAI MESSIANIC SYNAGOGUE, INC. Principal Place of Business Mailing Address C/O MICHAEL STEPAKOFF C/O MICHAEL STEPAKOFF 8370 W. HILLSBOROUGH AVENUE SUITE 201 8370 W. HILLSBOROUGH AVENUE SUITE 201 TAMPA FL 33615 **TAMPA FL 33615** 2. Principal Place of Business 3. Mailing Address 2672 Ba CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Stepalisti STEPAKOFF, MICHAEL G Street Address (P.O. Box Number is Not Acceptable) ste 206 7305 EHRLICH ROAD Hills Dorwigh **TAMPA FL 33625** Zip Code 336/5 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be After September 10, 2003, min will be \$236.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change Michael Stepahoff (0) stuart Arnsky (b) NAME NAME 4370 W. Hillsborwyh Ave, ste. 2006 STREET ADDRESS STREET ADDRESS Tenpa, Fl. 33625 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Martin Adler (D) 1550 Laney Or. Palm Harbot, F1.34683 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME__ NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP