DII DD

	3 NOT-FOR-PRO NIFORM BUSINE					14, 2003	8:00		
DOCU  1. Entity Nam  CHARRAT			Secretary of State 07-14-2003 90163 020 ****61.25						
SHABBAT	SHALOM HAVURAH, INC.	·							
Principal Place of Business 8041 W MCNAB RD TAMARAC FL 33321		Mailing Address 8041 W MCNAB RD TAMARAC FL 33321			( 1821)(SI #21 82	1118 11811 A <b>k</b> ira Balil B <b>a</b> lil B <b>a</b> lil	ezili didi. Ibabi si	IIV 8 8116 1881	
2. Principal F	33 W. MYVUB RA	3 Mailing Address W. M.	Vab Rd		2		•••••		
Suite, Apt.	#203	Suite, Apr. # 203	Suite, Apt. #, etc. 03			HECK HERE IF MAKING CHANGES			
-amarac -amarac					4. FEI Number	·	No.	oplied For ot Applicable	
Zip 333		<sup>zip</sup> 33321	USA		5. Certificate of St		\$8.75 Add		
	6. Name and Address of Current F	Registered Agent	Name			Iress of New Registere	d Agent		
COHN. I		Name - LOUIS TERRY COHAD -							
COHN, LOUIS JERRY ESQ 8041 W MCNAB RD			Street Address (P.O. Box Number is Not Acceptable) Nab Rd						
TAMARA		2	4203						
			City 7	Rm	arac	F	L 353	32/	
	named entity submits this statement for itoms of registered agent.  Signature, typed or printed name of registered agent as	ey Joh	_	s TE	RRY CO.		Juli	23	
FILE NOW: FEE IS \$61.25  After September 10, 2003, min will be \$236.25  9. Election Campa Trust Fund Con			· · · · · · · · · · · · · · · · · · ·		\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State			
10.	OFFICERS AND DIRI	ECTORS	11.	A	DDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERRY COHN, CANTOR L 8041 W MCNAB RD TAMARAC FL 33321	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Je 83	yry Cohn 33 W . M DIM ANDS	Cantorl. Nas Rd, e FC 333.	#20 21	□ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEINERT, ELLEN L 5356 NW 126 DR CORAL SPRINGS FL 33076	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPITZER, PHYLLIS 8001 NW 61 ST TAMARAC FL 33321	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	نوحميد	يون بروحد	رامران معادرة متعلقين يسم	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			· ·	☐ Change	☐ Addition	
TITLE NAME		☐ Delete	TITLE NAME				☐ 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 a other like empowered.

SIGNATURE:

SIGNA

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP