2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2000 8:00 am **DOCUMENT # N17466** Secretary of State 03-22-2000 90050 001 ****61.25 TEMPLE ADATH OR, INC. Principal Place of Business Mailing Address 10400 GRIFFIN ROAD 10400 GRIFFIN ROAD C0042550 #302 FT. LAUDERDALE FL 33328 FT. LAUDERDALE FL 33328-3322 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2740747 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ROSS, FLORENCE 4401 QUEEN PALM LANE TAMARAC FL 33319 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. Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. iŪ, ☐ Addition Change Delete TITLE S: NAME FIRESTONE, NOLA STREET ADDRESS - ADRAG 10414 BERMUDA DR. ST-7(P CITY-ST-ZIP COOPER CITY FL 33026 Addition Change Delete FULLER, DEBORAH STREET ADDRESS 5651 BAYVIEW DRIVE CITY-ST-ZIP ST-ZIP FT. LAUDERDALE FL 33308 🖸 Delete Change Addition TITLE ROSS, FLORENCE STREET ADDRESS 4401 QUEEN PALM LANE CITY-ST-ZIP 51-7P TAMARAC FL 33319 Change Addition Delete TITLE POMERANCE, MARK NAME *DODESO STREET ADDRESS 1001 NE 26TH AVE. CITY-ST-ZIP 57 - ZIP HALLANDALE FL 33009 Change ☐ Addition Denernor, Cheyenne 20046 NE 36 PLANE Delete TITLE NAME CHERNOV, MARC STREET ADDRESS 20046 NE 36TH PLACE Aventura, FL CITY-ST-7IP 캢 **AVENTUNA FL 33180** Change Addition D'elete TITLE NAME FARRELL, CARYN STREET ADDRESS 2110 INTRACOASTAL DR CITY-ST-ZIP

by certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information stated 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 sorpuration 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

ATURE:

FT LAUDERDALE FL 33305

954-731-8856