

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43903

1. Entity Name

CALIFORNIA CLUB SHUL, INC.

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90490 019 ****70.00

Principal Place of Business

850 IVES DAIRY ROAD
T-13
NORTH MIAMI BEACH FL 33179

Mailing Address

850 IVES DAIRY ROAD
T-13
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0456611

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SLOCHOWSKY, AVISHAI
625 GOLDEN BEACH DRIVE
GOLDEN BEACH FL 33160

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SLOCHOWSKY, AVISHAI
STREET ADDRESS 850 IVES DAIRY ROAD (T-13)
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE VPD ☐ Delete
NAME RUSS, RAFAEL
STREET ADDRESS 850 IVES DAIRY ROAD (T-13)
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE TD ☐ Delete
NAME MANDOWSKY, JACQUES
STREET ADDRESS 850 IVES DAIRY ROAD (T-13)
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-770-4045

CR2E037 (9/01)