

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

FILED
Jun 16, 2003 8:00 am
Secretary of State

05-07-2003 90151 010 ****61.25

DOCUMENT # N50168

1. Entity Name
TEMPLE SHAAREI SHALOM INC.

Principal Place of Business
**9085 HAGEN RANCH ROAD
BOYNTON BEACH FL 33437
US**

Mailing Address
**9085 HAGEN RANCH ROAD
BOYNTON BEACH FL 33437
US**

55048690

2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0347907**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PINKWASSER, ALAN
8231 MUIRHEAD CIRCLE
BOYNTON BEACH FL 33437**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **ART ABRAVANEL, ARTHUR** ☒ Delete
STREET ADDRESS **166 HARBOR LAKE CI**
CITY-ST-ZIP **WEST PALM BEACH FL 33413** T

TITLE
NAME **FS STEPHEN KIRBY TGT** ☐ Change ☒ Addition
STREET ADDRESS **10178 DIAMOND LAKE DR**
CITY-ST-ZIP **BOYNTON BEACH FL 33437** T

TITLE
NAME **VTR BLESHEMAN, JANET** ☒ Delete
STREET ADDRESS **9954 HARBOR LAKE CI**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

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

TITLE
NAME **TVP DOCTOR, LEWIS** ☐ Delete
STREET ADDRESS **7015 BRUNSWICK CIRCLE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437** T

TITLE
NAME **PRESIDENT** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP T

TITLE
NAME **3VP KABINOFF, RICHARD** ☒ Delete
STREET ADDRESS **9952 MAJESTIC WAY**
CITY-ST-ZIP **BOYNTON BCH FL 33437**

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

TITLE
NAME **RS ROSOFF, MYRNA** ☐ Delete
STREET ADDRESS **7019 BITTERBUSH PLACE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437** T

TITLE
NAME **ADMIN YP** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP T

TITLE
NAME **TTR LATNICK, DONALD** ☒ Delete
STREET ADDRESS **9845A PARKINSONIA TREE TRAIL**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE
NAME **TTR HOWARD FELDMAN** ☐ Change ☒ Addition
STREET ADDRESS **2409 N.W. 32 STREET**
CITY-ST-ZIP **BOCA RATON FL 33431** T

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)