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

## DOCUMENT # N9400000160

1. Entity Name

## CONGREGATION AHAVAS YISRAEL CORPORATION



FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90206 034 \*\*\*\*61.25

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Principal Place of Business 708 LAKE HOWELL RD. MAITLAND FL 32751 US 2. Principal Place of Business		Mailing Address 708 LAKE HOWELL RD. MAITLAND FL 32751 US				1 1 <b>00</b> 113 <b>04 010</b> 1 <b>0</b> 1114	<b>1</b> 1841 <b>12</b> 41 <b>12</b> 41 <b>18</b>	#1 8 <b>8</b> 111 <b>3 8</b> 11	<b>       </b>	!11 <b>16</b> 11 1 <b>86</b> 1	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State	City & State		City & State				4. FEI Number <b>59-3222318</b>		<u> </u>	pplied For at Applicable	
Zip Country		Zip Cou		intry				\$8.75 Additional Fee Required			
	6. Name	and Address of Current F	legistered Agent				7. Name and Addre	ss of New Real		•	
	o. manie	and Addition of Cartonia	iogiolorea Agont		Name					<u> </u>	
ASTROUCK, NISSIM 708 LAKE HOWELL ROAD MAITLAND FL 32751						Street Address (P.O. Box Number is Not Acceptable)					
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MAIILAND FL 32/31						<u></u>	MKE Honel	ROAL	•	Zin Cod	
					City M	١٥i	Mand		FL	32	ጎርነ
			the purpose of changing its	registere	ed office or reg	gistere	d agent, or both, in th	e State of Florida	a. I am fa	ımiliar with,	and accept
tne obligat	ions of regist	ered agent.	_	11	_	^	• • •		۱ اـ		
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SIGNATURE.	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE	: Registered	d Agent signature re-	equired v	vhen reinstating)		DATE		<del></del>
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12. Thereby 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:

SIGNATUREDEQUIRED

11/03 4

407-644.7700