2003 NOT-FOR-PROFIT CORPORATION

Jan 15, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State DOCUMENT # N97000006437 01-15-2003 90312 042 ****61.25 HAVURAH SHALOM, INC. Principal Place of Business Mailing Address 10980-B ROEBELINI PALM COURT 10980-B ROEBELINI PALM COURT 20008259 **BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0779644 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KARSH, SIDNEY Street Address (P.O. Box Number is Not Acceptable) 10980-B ROEBELINI PALM COURT **BOYNTON BEACH FL 33437** City Zin 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DPT TITLE ☐ Delete TITLE (10/02)Change Addition KARSH, SIDNEY NAME NAME STREET ADDRESS 10980-B ROEBELINI PALM COURT STREET ADDRESS CR2E037 CITY-ST-ZIP **BOYNTON BEACH FL 33437** CITY-ST-ZIP DS TITLE Delete TITI F ☐ Addition ☐ Change BLACKER, RABBI S NAME NAME 1420 NW 28 AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33445 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition PHILLIPS, EDWARD NAME NAME STREET ADDRESS 8410 LEEWAY LANE STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33436** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KARSH, RUTH B NAME NAME 10980B ROEBELINI PALM CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOYNTON BCH FL 33437** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

1-9-03

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FILED