

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90087 040 ****61.25

DOCUMENT # N98000000279

1. Entity Name

PROJECT SHOFAR, INCORPORATED

Principal Place of Business

235 ROOSEVELT SQUARE
OVIEDO FL 32765-5305

Mailing Address

235 ROOSEVELT SQUARE
OVIEDO FL 32765

2. Principal Place of Business

3. Mailing Address
P.O. Box 621857

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
OVIEDO, FL

4. FEI Number

59-3488209

Applied For
Not Applicable

Zip

Country

Zip
32762-1857

Country

SEMINOLE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARMOTH, EDWARD
235 ROOSEVELT SQUARE
OVIEDO FL 32765

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
WARMOTH, EDWARD LEE
235 ROOSEVELT SQUARE
OVIEDO FL 32765-5305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTS
MARIG WARMOTH, SANDRA
235 ROOSEVELT SQUARE
OVIEDO FL 32765-5305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ED
COOPERBERG, GARY M
16 YSHOSHLOA BGN NUN ST
KERUAT ARBA, ISRAEL 90100 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. CORRECTIONS/ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MARIE WARMOTH, SANDRA
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
16 YEHOASHUA BEN NUN STREET
KIRYAT ARBA, ISRAEL 90100
☐ Change ☐ Addition

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

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

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

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, or part like empowered.

SIGNATURE:

Edward W. Warmoth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-2000 (407)366-086