

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**  
 04-18-2001 90103 048 \*\*\*\*61.25

**DOCUMENT #** N98000000279

**1. Entity Name**  
 PROJECT SHOFAR, INCORPORATED

**Principal Place of Business** 235 Roosevelt Sq.  
 Oviedo, FL 32765-5305

**Mailing Address** P.O. Box 621857  
 Oviedo, FL 32762-1857

**2. Principal Place of Business** P.O. Box 181191  
 Suite, Apt. #, etc.

**3. Mailing Address** P.O. Box 181191  
 Suite, Apt. #, etc.

**City & State** Casselberry, FL

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**Zip** 32718 **Country** U.S.A.

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**4. FEI Number** 59-3488209

**Applied For** ☐ Not Applicable

**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

**7. Name and Address of New Registered Agent**

Name Jon Klein

Street Address (P.O. Box Number is Not Acceptable)  
 1700 Perch Lane

City Sanford FL Zip Code 32771

**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  Jon Klein DATE 4-10-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to: Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	Warmoth, Edward Lee	
STREET ADDRESS	235 Roosevelt Square	
CITY-ST-ZIP	Oviedo, FL 32765-5305	
TITLE	DTS	<input checked="" type="checkbox"/> Delete
NAME	Marie Warmoth, Sandra	
STREET ADDRESS	235 Roosevelt Square	
CITY-ST-ZIP	Oviedo, FL 32765-5305	
TITLE	ED	<input type="checkbox"/> Delete
NAME	Cooperberg, Gary M.	
STREET ADDRESS	16 Yehoshua Ben Nun Street	
CITY-ST-ZIP	Kiryat Arga, Israel 90100	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Klein, Jon	
STREET ADDRESS	1700 Perch Lane	
CITY-ST-ZIP	Sanford, FL 32771	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony M. Nardella, Jr.	
STREET ADDRESS	1110 Douglas Ave., Ste. 1002	
CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	EDPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cooperberg, Gary M.	
STREET ADDRESS	16 Yehoshua Ben Nun Street	
CITY-ST-ZIP	Kiryat Arga, Israel 90100	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  Jon Klein DATE 4-10-01 (407) 330-0302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/00)