FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jul 18, 2001 8:00 am DOCUMENT # N9800004361 **Secretary of State** 1. Entity Name 07-18-2001 90004 028 ****61.25 THE SIMPLY JEWISH FELLOWSHIP, INC. Mailing Address Principal Place of Business P O BOX 161084 P O BOX 161084 AUU78123 MIAMI FL 33116-1084 MIAMI FL 33116-1084 2. Principal Place of Business 3. Mailing Address 2001 S. Barrington 2001 S. Barria DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 106 106 City & State Applied For 4. FELNumber 65-0853002 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 90025 USA 90023 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Box Number is Not Acceptable SHAPIRO, RICHARD M 10305 SW 130 COURT **MIAMI FL 33186** Zip @ode **9**00 a <u>(</u> 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 (NOTE: Registered Agent signature required when reinstating) Måke Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees After September 12, 2001, min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE ☐ Delete TITLE SHAPING RICHARD M. SHAPIRO, RICHARD M NAME NAME #106 2001 S. Barrington Auc STREET ADDRESS 10305 SW 130 COURT STREET ADDRESS 33186 CITY-ST-ZIP LOS ANGELCS, CA CITY-ST-ZIP MIAM) FL 33186 ☐ Change Addition D TITLE FLANIGAN, DEBORAH NAME STREET ADDRESS 10305:SW:130:COURT STREET ADDRESS CITY-ST-ZIP Tal CITY-ST-ZIP MIAMI FL 33186 ☐ Addition ☐ Change TITLE ☐ Delete TITLE RACHLIN, ROBERT NAME NAME STREET ADDRESS 11120 N KENDALL DR STE 201 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33176** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 at 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.

305-586-1080