

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90021 039 ****61.25

03/14/02

DOCUMENT # N99000003539

1. Entity Name

CONGREGATION SHIRAT SHALOM CORP.

Principal Place of Business

Mailing Address

12123 ROCKWELL WAY
 BOCA RATON FL 33428

PO BOX 971142
 BOCA RATON FL 33497-1142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0926670

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SPIEGEL & UTRERA, P.A.~~
~~343 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

Name *Susan Pavao*

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

22353 Sea Bass Dr.

City *Boca Raton*

FL

Zip Code

33428

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

Susan Pavao, STD

Isaac Pavao

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **SLAVIN, PEARL**
 STREET ADDRESS **11497 COUNTRY SOUND COURT**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **PD, Weiss, Elliot** Change Addition
 NAME **9362 Agave Dr.**
 STREET ADDRESS **Boca Raton, FL 33496**
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **DEGANI, LEE E**
 STREET ADDRESS **12123 ROCKWELL WAY**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** Delete
 NAME **PAVAO, SUSAN B**
 STREET ADDRESS **22353 SEA BASS DR**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **Delete title of** Change Addition
 NAME **secretary**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Secretary** Delete
 NAME **Harris, Marlene**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Secretary** Change Addition
 NAME **Harris, Marlene**
 STREET ADDRESS **21025 Madria Circle**
 CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

Lee E Degani **Lee E Degani, VD** *2/28/02* *561-487-2501*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)