

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
SECRETARY OF STATE
DIVISION OF CORPORATION...

03 JUL 14 PM 5:03

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DOCUMENT # N99000007526

1. Entity Name
David Tarsish Torah Chesed Foundation, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
103 N. Meridian Street
Suite, Apt. #, etc.

3. Mailing Address
103 N. Meridian Street
Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip
32301

Country
US

Zip
32301

Country
32301

DO NOT WRITE IN THIS SPACE

FEI Number 74-2939207

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

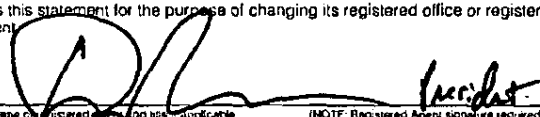
Name CorpDirect Agents, Inc.

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

103 N. Meridian Street

City Tallahassee FL Zip Code 32301

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  Incident 5-1-03

(NOTE: Registered Agent signature required when reinstating)

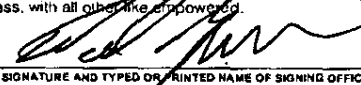
FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | |
|--|---|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Goodman, Daniel 103 N. Meridian Street, Tallahassee, FL 32301 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Goodman, Chana Ruth 103 N. Meridian Street, Tallahassee, FL 32301 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Mark Knobel 1110 NE 169 Terrace N. Miami Beach, FL 33162 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE 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 on an attachment with an address, with all other like empowerments.

SIGNATURE:  Daniel Goodman

4/30/2003 305-654-5858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)