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May 06, 2003 8:00 am
Secretary of State

05-06-2003 90032 025 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000052747

1. Entity Name
THE JEWISH DIRECTORY, INC.

UUIUUUI4

Principal Place of Business	Mailing Address
3840 W HILLSBORO BLVD #187 DEERFIELD BEACH, FL 33442	3840 W HILLSBORO BLVD #187 DEERFIELD BEACH, FL 33442

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3840 W. Hillsboro Blvd.	3840 W. Hillsboro Blvd
Suite, Apt. #, etc. #187	Suite, Apt. #, etc. #187
City & State Deerfield Beach, FL	City & State Deerfield Beach, FL
Zip 33442 Country USA	Zip 33442 Country U-SA

4. FEI Number 52-2330874 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GLADMAN, SANDRA
3840 W HILLSBORO BLVD
SUITE #187
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 Sandra Glad SANDRA GLADMAN May 1, 2003
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GLADMAN, SANDIE	NAME	
STREET ADDRESS	3801 W HILLSBORO BLVD G-202	STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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 607, 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: Sandra Glad May 1, 2003 (954)592-7876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #