FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91511 016 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000112184

10089785

1. Entity Name
BETHEL SHALOM, INC.

Principal Place of Business	Mailing Address
2607 E LIBERTY ST TAMPA, FL 33612	2607 E LIBERTY ST TAMPA, FL 33612

2. Principal Place of Business	3. Mailing Address
2603 OKARA Rd	2603 OKARA Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33612 Country	Zip: 33612 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3759557 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
CAMARA, HECTOR
2607 E LIBERTY ST
TAMPA, FL 33612

7. Name and Address of New Registered Agent
Name: CARLOS CAMARA
Street Address (P.O. Box Number is Not Acceptable): 2603 OKARA Rd
City: TAMPA FL Zip Code: 33612

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: Carlos Camara — 4-25-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CAMARA, HECTOR 2607 E LIBERTY STREET TAMPA, FL 33612 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CAMARA, CARLOS 2603 OKARA RD TAMPA, FL 33612 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ☒ Change ☐ Addition
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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: Carlos Camara 4-25-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #