2000 UNIFORM BUSINESS REPORT (UBR) $\mathbf{FIL}\mathbf{ED}$ Jan 20, 2000 8:00 am DOCUMENT # **P93000035609 Secretary of State** JEWISH MATCHMAKING COMPANY 01-20-2000 90102 023 ***150.00 DEL BELLEVIEW PL Principal Place of Business Mailing Address 1031 IVES DIARY RD 1031 IVES DAIRY RD 228 NORTH MIANI BEACH FL 33179-2538 C0007628 NORTH MIAMI BEACH FL 33179 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0409928 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ABE ROSENBERG PA Street Address (P.O. Box Number is Not Acceptable) 3876 SHERIDAN ST HOLLYWOOD FL 33021 Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS-\$150.00 ---9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) ' 😘 Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. dd: 1622 iain. . Wil ☐ Addition DP TITLE TITLE ☐ Delete HORVITZ. ELAINE NAME NAME STREET ADDRESS 1154 JEFFERSON ST STREET ADDRESS CITY-ST, ZIP CITY-ST-ZIP HOLLYWOOD, FL: 33019 🦠 ☐ Delete TITI F HORVITZ, GILBERT L NAME STREET ADDRESS 1154 JEFFERSON ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33019 CITY-ST-ZIP D۷ TITLE Delete TITLE 1546 Yellowheart Way Holly Wood, FL 33019 HORVITZ, CAREN NAME NAME 1154 JEFFERSON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33019 CITY-ST-ZIP ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if

TITLE

NAME

TITLE

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