

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90030 048 \*\*\*\*61.25

**DOCUMENT # N98000004361**

1. Entity Name

**THE SIMPLY JEWISH FELLOWSHIP, INC.**

Principal Place of Business

**2001 S BARRINGTON AVENUE  
 106  
 LOS ANGELES CA 90025**

Mailing Address

**2001 S BARRINGTON AVENUE  
 106  
 LOS ANGELES CA 90025**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0853002**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHAPIRO, RICHARD M  
 10305 SW 130 COURT  
 MIAMI FL 33186**

Name **RACHLIN ROBERT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11120 N. KENDALL DR.  
 Suite 201**  
 City **MIAMI** FL Zip Code **33176**

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 *Richard M. Shapiro* *R.M. Shapiro* **3/13/02**  
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 NAME	<b>D</b> SHAPIRO, RICHARD M <input type="checkbox"/> Delete
STREET ADDRESS	<b>2001 S BARRINGTON AVENUE, #106</b>
CITY-ST-ZIP	<b>LOS ANGELES CA 33186</b>
TITLE NAME	<b>D</b> FLANIGAN, DEBORAH <input type="checkbox"/> Delete
STREET ADDRESS	<b>10305 SW 130 COURT</b>
CITY-ST-ZIP	<b>MIAMI FL 33186</b>
TITLE NAME	<b>D</b> RACHLIN, ROBERT <input type="checkbox"/> Delete
STREET ADDRESS	<b>11120 N KENDALL DR STE 201</b>
CITY-ST-ZIP	<b>MIAMI FL 33176</b>
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<b>SHAPIRO, RICHARD M</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<b>FLANIGAN, DEBORAH</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>8569 BURTON WAY, APT 409</b>
CITY-ST-ZIP	<b>LA Ca. 90048</b>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Richard M. Shapiro* **3/13/02** **310 577 4870**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)