

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90124 002 \*\*\*\*61.25

**DOCUMENT # N09822**

1. Entity Name

**CENTURY PINES JEWISH CENTER, A NONPROFIT CORPORA**

Principal Place of Business

13400 SW 10TH ST  
 ADMINISTRATIVE BLDG OF CENTURY VILLAGE  
 PEMBROKE PINES FL 33027-8833

Mailing Address

13400 SW 10TH ST  
 ADMINISTRATIVE BLDG OF CENTURY VILLAGE  
 PEMBROKE PINES FL 33027-1833

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2545126**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COHEN, RALPH S**  
**1401 SW 134 WAY C105**  
**PEMBROKE PINES FL 33027**

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.

SIGNATURE **RALPH S. COHEN, PRESIDENT 1/8/2000**  
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 STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>PANCERMAN, MAX</b> <b>1151 SW 128 TER CD108</b> <b>PEMBROKE PINES FL 33027</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDD</b> <b>COHEN, RALPH S.</b> <b>1401 SW 134 WAY C105</b> <b>PEMBROKE PINES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>WEISS, NATHAN</b> <b>12750 SW 4TH COURT</b> <b>PEMBROKE PINES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>LEFKOWITZ, PHILIP</b> <b>901 SW 123RD AVE #B E 405</b> <b>PEMBROKE PINES FL 33027</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FSD</b> <b>BROD, LORRAINE</b> <b>1200 SW 130TH AVE #B 304</b> <b>PEMBROKE PINES FL 33027</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>11 VICE-PRESIDENT</b> <b>LORRAINE BROD</b> <b>1200 SW 130 AVE #B 304</b> <b>PEMBROKE PINES, FL 33027</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FSD</b> <b>EVA BIERL</b> <b>1300 SW 130 AVE #B 213</b> <b>PEMBROKE PINES, FL 33027</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **RALPH S. COHEN**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/00 431-3300**

Date Daytime Phone #