

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90031 021 ****61.25



DO NOT WRITE IN THIS SPACE



CR2E037 (10/00)

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 33027-8833
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2. Principal Place of Business 1200 S.W. 136 TH AVE	3. Mailing Address 1200 S.W. 136 TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PEMBROKE PINES, FL	City & State	4. FEI Number 59-2545126	Applied For <input type="checkbox"/> Not Applicable
Zip 33027	Country BROWARD	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

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.

SIGNATURE _____
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PANCERMAN, MAX 1151 SW 128 TER CD108 PEMBROKE PINES FL 33027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDD COHEN, RALPH S. 1401 SW 134 WAY C105 PEMBROKE PINES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WEISS, NATHAN 12750 SW 4TH COURT PEMBROKE PINES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD BERL, EVA 1300 SW 170 AVE #213 PEMBROKE PINES FL 33027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP BROD, LORRAINE 1200 SW 130TH AVE, H-3 304 PEMBROKE PINES FL 33027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	BERG, EVA SAME ADDRESS	<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

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]* **1/6/01 801-3040**