

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90063 049 \*\*\*\*61.25


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CHECK HERE IF MAKING CHANGES

**DOCUMENT # N09822**

1. Entity Name  
**CENTURY PINES JEWISH CENTER, A NONPROFIT CORPORATION**



Principal Place of Business  
**1200 S.W. 136TH AVE  
ADMINISTRATIVE BLDG OF CENTURY VILLAGE  
PEMBROKE PINES FL 33027-8833**

Mailing Address  
**1200 S.W. 136TH AVE  
ADMINISTRATIVE BLDG OF CENTURY VILLAGE  
PEMBROKE PINES FL 33027-8833**

2. Principal Place of Business  
**1200 S W 136 TH AVE**

3. Mailing Address  
**1200 S.W. 136TH AVE.**

Suite, Apt. #, etc.

City & State  
**PEMBROKE PINES, FL**

City & State  
**PEMBROKE PINES, FL.**

Zip  
**33027**

Country  
**U.S.A.**

4. FEI Number **59-2545126**

Applied For  
 Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **RALPH S. COHEN, PRESIDENT** *[Signature]* **1/6/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD PANCERMAN, MAX 1151 SW 128 TER CD108 PEMBROKE PINES FL 33027</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDD COHEN, RALPH S. 1401 SW 134 WAY C105 PEMBROKE PINES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD WEISS, NATHAN -12750 SW 4TH COURT PEMBROKE PINES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FSD BERG, EVA 1300 SW 170 AVE #213 PEMBROKE PINES FL 33027</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2VPD BRAUN, MICHAEL 12650 S.W. 15TH STREET, F01 PEMBROKE PINES FL 33027</b>	<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	<b>TREASURER LORRAINE BRAD 1200 SW 130 AVE #304 PEMBROKE PINES, FL 33027</b>	<input checked="" 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		<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: *[Signature]* **1/6/03 431-3300**

Date Daytime Phone #

CR2E037 (10/02)