

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

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

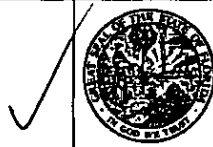
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01-17-2003 90138 047 \*\*\*\*61.15  
02-14-2003 90228 026 \*\*\*\*\*10

**DOCUMENT # 731438**

1. Entity Name

**TEMPLE OHEL B'NAI RAPHAEL, INC.**



Principal Place of Business  
**4351 WEST OAKLAND PARK BLVD.  
LAUDERDALE LAKES FL 33313**

Mailing Address  
**4351 WEST OAKLAND PARK BLVD.  
LAUDERDALE LAKES FL 33313**

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 **23-7375274**

Applied For

Not Applicable

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

**BRINSKY, JUDAH  
3000 NW 48TH TERR  
BLDG. 5, APT. 329  
LAUDERDALE LAKES FL 33313**

Name  
**COHEN, ELMORE A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2601 NW 48th TERRACE  
LAUDERDALE LAKES FL 33313**  
City **FL** Zip Code **33313**

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

*Elmore A Cohen*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/12/03*

**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 **SD** ☒ Delete  
NAME **BRINSKY, JUDAH**  
STREET ADDRESS **3000 NW 48TH TERR**  
CITY-ST-ZIP **LAUDERDALE LAKES FL**

TITLE **VPD** ☐ Delete  
NAME **TENNER, LOUIS**  
STREET ADDRESS **4701 NW 34TH STREET**  
CITY-ST-ZIP **LAUDERDALE LAKES FL 33319**

TITLE **STD** ☐ Delete  
NAME **COHEN, ELMORE A**  
STREET ADDRESS **2601 NW 48TH TERRACE**  
CITY-ST-ZIP **LAUDERDALE LKS FL 33313**

TITLE **PD** ☐ Delete  
NAME **WAXMAN, DAVID**  
STREET ADDRESS **9861 SUNRISE LAKES BLVD**  
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
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:

*Elmore A Cohen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/15/03*

Date

**954 733-7684**

Daytime Phone #

CR2E037 (10/02)