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

DOCUMENT # NO2000002167

2. Principal Place of Business ,

COHN, ALAN B ESQ

2021 TYLER STREET HOLLYWOOD FL 33020

the obligations of registered agent.

City & State Davie

Zip

5890 South Pine Island Rd

Country

6. Name and Address of Current Registered Agent

THE ROSE AND JACK ORLOFF CENTRAL AGENCY FOR JEWI CH EDUCATION OF BROWARD COUNTY, INC.					
rincipal Place of Business	Mailing Address				
ISO SOUTH PINE ISLAND ROAD AVIE FL 33328	5850 SOUTH PINE ISLAND ROAD DAVIF FL 33328				

3. Mailing Address

City & State

Davie

33328

Zip

5890 South Pine

Suite, Apt. #, etc.

Island Rd.

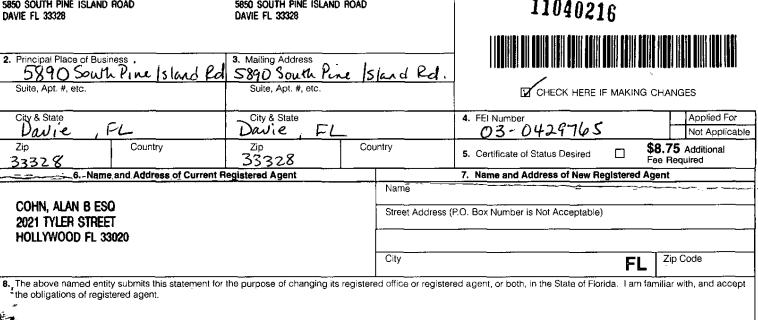
Country

City

FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 91414 035 ****61.25

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SIGNATURE	Signature, typed or printed name of registered agent and title if appli	cable. (NOTE: F	Registered Agent signature requ	uired 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		11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERZOFSKY, CARYL 5101 W PARK ROAD HOLLYWOOD FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOBER, FRANK DR. 9500 NW 44TH PLACE CORAL SPRINGS FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, CHARLOTTE 3821 ENVIRON BLVD LAUDERHILL FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROT, KARL DR. 2920 HUNTER ROAD WESTON FL 33331	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHN, ALAN 8800 N LAKE DASHS DRIVE PLANTATION FL 33324	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUBER, COOKIE 5031 N 36TH STREET HOLLYWOOD FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	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 of the corporation or the receiver or trustee empowered thanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: