

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

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90347 035 ****61.25

001056

DOCUMENT # N14081
1. Entity Name
CONGREGATION TORAH OHR, INC.



Principal Place of Business Mailing Address
19146 LYONS RD. 19146 LYONS RD.
BOCA RATON FL 33434 BOCA RATON FL 33434

30146000



CHECK HERE IF MAKING CHANGES

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 **65-0123385** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JACOBS, DAVID
2031 YARMOUTH B
BOCA RATON FL 33434

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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	VD	<input type="checkbox"/> Delete
NAME	ISAACSON, SAM	
STREET ADDRESS	8397 SPRINGLAKE DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RUDOLER, MAX	
STREET ADDRESS	YARMOUTH D 4066	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	DD	<input type="checkbox"/> Delete
NAME	KOSTMAN, SAM	
STREET ADDRESS	BRIGHTON I 375	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HAHN, JACK	
STREET ADDRESS	WOLVERTON C4041	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SHULMAN, MILLARD	
STREET ADDRESS	8431 SPRINGLAKE DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JACOBS, DAVID	
STREET ADDRESS	2031 YARMOUTH	
CITY-ST-ZIP	BOCA RATON FL 33434	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	AL WOLF		
STREET ADDRESS	2024 YARMOUTH B		
CITY-ST-ZIP	BOCA RATON FL 33434		
TITLE	VA	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ISADORE TENNENBERG		
STREET ADDRESS	1024 YARMOUTH B		
CITY-ST-ZIP	BOCA RATON FL 33434		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ALVIN GREENFIELD		
STREET ADDRESS	2044 REXFORD C		
CITY-ST-ZIP	BOCA RATON FL 33434		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: *David Jacobs* 7/7/03 561-479 4049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)