

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 29, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000005817**

1. Entity Name  
 TORAH ACADEMY OF BOCA RATON, INC.

Principal Place of Business 7202 PALMETTO CIRCLE NORTH  BOCA RATON FL 33433	Mailing Address 7202 PALMETTO CIRCLE NORTH  BOCA RATON FL 33433
--	--

2. Principal Place of Business  Suite, Apt. #, etc.  City & State	3. Mailing Address  Suite, Apt. #, etc.  City & State
---	---

4. FEI Number  
**65-0788118**

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PAIGON EPHRAIM  
 7202 PALMETTO CIRCLE NORTH  
  
 BOCA RATON FL 33433 US

7. Name and Address of New Registered Agent

Name  
 PALGON EPHRAIM

Street Address (P.O. Box Number is Not Acceptable)  
 7202 PALMETTO CIRCLE NORTH

City  
 BOCA RATON FL Zip Code  
 33433

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 EPHRAIM PALGON DATE 04/29/2001  
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 D	<input type="checkbox"/> Delete
NAME BENNETT JODY	
STREET ADDRESS 7252 SAN SEBASTIAN DR	
CITY-ST-ZIP BOCA RATON FL 33433	
TITLE D	<input type="checkbox"/> Delete
NAME HOFFMAN YEHADA	
STREET ADDRESS 22183 LANKESOUR TRAIL	
CITY-ST-ZIP BOCA RATON FL 33433	
TITLE D	<input type="checkbox"/> Delete
NAME FERTEL MOUTON	
STREET ADDRESS 7618 STOCKTON TERRACE	
CITY-ST-ZIP BOCA RATON FL 33433	
TITLE PD	<input type="checkbox"/> Delete
NAME ETTEDGUI RACHEL	
STREET ADDRESS 7505 LONDON LANE	
CITY-ST-ZIP BOCA RATON FL 33433	
TITLE VD	<input type="checkbox"/> Delete
NAME RONESS ALLAN	
STREET ADDRESS 7420 ANDORRA PLACE	
CITY-ST-ZIP BOCA RATON FL 33433	
TITLE STD	<input type="checkbox"/> Delete
NAME ROTH JEFFREY	
STREET ADDRESS 7499 SAN SEBASTIAN DR	
CITY-ST-ZIP BOCA RATON FL 33433	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BENNETT JODY	
STREET ADDRESS 7252 SAN SEBASTIAN DR	
CITY-ST-ZIP BOCA RATON FL 33433	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOFFMAN YEHUDAH	
STREET ADDRESS 22183 LANKESOUR TRAIL	
CITY-ST-ZIP BOCA RATON FL 33433	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FERTEL MORTON	
STREET ADDRESS 7618 STOCKTON TERRACE	
CITY-ST-ZIP BOCA RATON FL 33433	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ETTEDGUI DANIEL	
STREET ADDRESS 7505 LONDON LANE	
CITY-ST-ZIP BOCA RATON FL 33433	
TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RONESS DEENA	
STREET ADDRESS 7420 ANDORRA PLACE	
CITY-ST-ZIP BOCA RATON FL 33433	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SARAGOSSI FRANCK	
STREET ADDRESS 22233 ALYSSUM	
CITY-ST-ZIP BOCA RATON FL 33433	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: DANIEL ETTEDGUI PD 04/29/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)