

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006989

1. Entity Name

RACHEL-ITA OHR SHABBAT, INC.

Principal Place of Business

Mailing Address

22161 LARKSPUR TRAIL  
BOCA RATON FL 33433

22161 LARKSPUR TRAIL  
BOCA RATON FL 33433-4805

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

65-0881588

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

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.

SIGNATURE

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 PD ☐ Delete

NAME ZEMEL, JUDITH M  
STREET ADDRESS 22200 LARKSPUR TRAIL  
CITY-ST-ZIP BOCA RATON FL 33433-3

TITLE PD ☐ Delete

NAME KAMINETZKY, GLORIA L  
STREET ADDRESS 22161 LARKSPUR TRAIL  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE VPD ☐ Delete

NAME KAMINETZKY, JERRY  
STREET ADDRESS 22161 LARKSPUR TRAIL  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE TD ☐ Delete

NAME BAND, FRANCES  
STREET ADDRESS 7674 CYPRESS CRESCENT  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE TD ☐ Delete

NAME BAND, CHANNON  
STREET ADDRESS 7674 CYPRESS CRESCENT  
CITY-ST-ZIP BOCA RATON FL 33433

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #