

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006989

1. Entity Name

RACHEL-ITA OHR SHABBAT, INC.

Principal Place of Business

22161 LARKSPUR TRAIL  
BOCA RATON FL 33433

Mailing Address

22161 LARKSPUR TRAIL  
BOCA RATON FL 33433

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

KAMINETZKY, GLORIA K  
22161 LARKSPUR TRAIL  
BOCA RATON FL 33433

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

☐ Delete

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

☐ Delete

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

☐ Delete

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

☐ Delete

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Frances Band*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2001  
Date

Daytime Phone #

FILED  
Feb 06, 2001 8:00 am  
Secretary of State

02-06-2001 90307 045 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)