

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

FILED

03 FEB 19 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000006877

1. Entity Name

~~KOL DODI, INC.~~  
**BETH SAR SHALOM FLORIDA, INC.**



Principal Place of Business  
14570 MILITARY TRAIL, SUITE C1  
DELRAY BEACH FL 33484

Mailing Address  
~~770 HORIZONS EAST, STE #10  
BOYNTON BEACH FL 33435~~  
**14570 MILITARY TRAIL SUITE C1  
DELRAY BEACH FL 33484**

2. Principal Place of Business

3. Mailing Address  
**14570 MILITARY TRAIL  
SUITE C-1**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**SUITE C-1**

City & State

City & State  
**DELRAY BEACH FL**

4. FEI Number **65-0975573**

Applied For  
Not Applicable

Zip

Country

Zip  
**33484**

Country  
**USA**

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

~~ALPREN, KEN~~  
**14570 MILITARY TRAIL, SUITE C1  
DELRAY BEACH FL 33484**

7. Name and Address of New Registered Agent

Name **RON BAEHR**  
Street Address (P.O. Box Number is Not Acceptable)  
**14570 MILITARY TRAIL  
SUITE C1**  
City **DELRAY BEACH** FL Zip Code **33484**

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

*Ron Baehr*

1-6-03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <del>ALPREN, KEN</del> 14570 MILITARY TRAIL, SUITE C1 DELRAY BEACH FL 33484	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BAEHR, RONALD 770 HORIZON EAST, #310 BOYNTON BEACH FL 33435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <del>BAEHR, EILEEN</del> 770-310 HORIZONS EAST BOYNTON BEACH FL 33435	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BAEHR, RON DIRECTOR 14570 MILITARY TRAIL, SUITE C1 DELRAY BEACH FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR BEN ALPERT 14570 MILITARY TRAIL, SUITE C1 DELRAY BEACH FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR RICHARD FREEMAN 14570 MILITARY TRAIL, SUITE C1 DELRAY BEACH FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Ron Baehr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03 561-499-4893

Date Daytime Phone #

CR2E037 (10/02)