

# 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 HORIZON 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, Apt. #, etc.

Suite, Apt. #, etc.

SUITE C-1

City &amp; State

City &amp; State

DELRAY BEACH FL

Zip

Country

Zip

Country

33484

USA

4. FEI Number 65-0975573

Applied For

Not Applicable

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

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 FeesMake Check Payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1-6-03 561-499-4893

CR2E037 (10/02)