2001	UNIFORM	BUSINESS	REPORT	(UBR)
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ith an address, with all other like empowered

1. Entity Name

09-06-2001 90009 019 ****70.00 BETH ZION, INC. Principal Place of Business Mailing Address 129 SPARROW DRIVE 129 SPARROW DRIVE ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2093052 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZEXTER, JOSEPH 1811 PRAINFOREST COURT **ROYAL PALM BEACH FL 33411** 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 (NOTE: Registered Agent signature required when reinstating) FILE YOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution After September 12, 2001, min. will be \$236.25 Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition BARAOLDAN, RUTH ĵą. NAME NAME YAMDERBY CANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROYAL PALM BCH FL CITY-ST-ZIP ☐ Delete TITLE Change Change TITLE ☐ Addition ZEXTER, JOSEPH NAME NAME 101 SHERWOOD DRIVE STREET ADDRESS 181 RAIMPOREST-CORPT STREET ADDRESS CITY-ST-ZIP **ROYAL PALM BCH FL 33411** CITY-ST-ZIP Delete _ TITLE -TITLE BIRS, GAIL NAME NAME 2855 DOE TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LOXAHATCHEE FL 33470 ☐ Delete TITLE ☐ Addition TITLE COLLINS, VIOLA NAME NAME MEANDER CIRCL 434 MEDOWLARK DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROYAL PALM BCH FL 394() CITY-ST-ZIP Addition Delete TITLE TITLE NAME KORNFELD, GARY NAME STREET ADDRESS 14444 HALTER RD STREET ADDRESS CITY-ST-ZIP **WELLINGTON FL 33414** CITY-ST-ZIP TITLE Delete TITLE FARBER, DAVID NAME NAME STREET ADDRESS 12094 OLD COUNTRY RD. STREET ADDRESS CITY-ST-ZIP WELLINGTON FL 33414 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

FILED

Sep 06, 2001 8:00 am Secretary of State