

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90149 010 ***150.00

DOCUMENT # P00000029220 (L)

1. Entity Name
B16 Apple Kosher Corporation



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>8251 Sunset Strip</u>		3. Mailing Address <u>8251 Sunset Strip</u>	
Suite, Apt. #, etc. #		Suite, Apt. #, etc.	
City & State <u>Sunrise FL</u>		City & State <u>Sunrise FL</u>	
Zip <u>33322</u>	Country <u>US</u>	Zip <u>33322</u>	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <u>65-0992973</u>		Applied For <input type="checkbox"/>
			Not Applicable <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <u>ALAN M. UTSTEIN</u>		
	Street Address (P.O. Box Number is Not Acceptable) <u>20567 SAUSALITO DR</u>		
	City <u>Boca Raton</u> FL Zip Code <u>33498</u>		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
President	ALAN M. UTSTEIN		
STREET ADDRESS	20567 SAUSALITO DR	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33498	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
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CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 9545782278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/02)