

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/1

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90010 049 \*\*\*150.00

**DOCUMENT # P00000107871**

1. Entity Name  
**KOSHER DELIGHTS, INC.**

Principal Place of Business  
**9942 N.W. 6TH STREET  
 CORAL SPRINGS FL 33072**

Mailing Address  
**9942 N.W. 6TH STREET  
 CORAL SPRINGS FL 33072**

2. Principal Place of Business

3. Mailing Address

**1435 Lyons Road**  
 Suite, Apt. #, etc.

**1435 Lyons Road**  
 Suite, Apt. #, etc.

City & State

City & State

**COCONUT CREEK**

**COCONUT CREEK**

Zip

Country

Zip

Country

**33063** **Broward**

**33063** **Broward**

4. FEI Number

Applied For

**65-1060928**

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EHRENZWEIG, PHILIP  
 9942 N.W. 6TH STREET  
 CORAL SPRINGS FL 33072**

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

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **CO. PRESIDENT** ☐ Delete  
 NAME **Philip Ehrenzweig**  
 STREET ADDRESS **1435 Lyons Road**  
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **CO-PRESIDENT & Treasurer** ☐ Delete  
 NAME **Cecil Davis**  
 STREET ADDRESS **2438 Adams St**  
 CITY-ST-ZIP **Hollywood FL 33020**

TITLE **CO-PRESIDENT & Secretary** ☐ Delete  
 NAME **Philip Ehrenzweig**  
 STREET ADDRESS **9942 N.W. 6th St**  
 CITY-ST-ZIP **Coral Springs FL**

TITLE **33071** ☐ Delete  
 NAME **Philip Ehrenzweig**  
 STREET ADDRESS **9942 N.W. 6th St**  
 CITY-ST-ZIP **Coral Springs FL**

TITLE **33071** ☐ Delete  
 NAME **Philip Ehrenzweig**  
 STREET ADDRESS **9942 N.W. 6th St**  
 CITY-ST-ZIP **Coral Springs FL**

TITLE **33071** ☐ Delete  
 NAME **Philip Ehrenzweig**  
 STREET ADDRESS **9942 N.W. 6th St**  
 CITY-ST-ZIP **Coral Springs FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Philip Ehrenzweig**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-7-01 954-753-6905**  
 Date Daytime Phone #

CR2E034 (10/00)