

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90157 042 \*\*\*150.00

DOCUMENT # P97000050703

Entity Name  
TWIN BETH PROPERTIES, INC.



Principal Place of Business  
17616 CHARNWOOD DRIVE  
BOCA RATON FL 33498  
US

Mailing Address  
17616 CHARNWOOD DRIVE  
BOCA RATON FL 33498  
US

2. Principal Place of Business  
11651-95 N.W. 7TH AVE  
Suite, Apt. #, etc.

3. Mailing Address  
17616 CHARNWOOD DRIVE  
Suite, Apt. #, etc.

City & State  
MIAMI, FLORIDA  
Zip 33168 Country U.S.A.

City & State  
BOCA RATON, FLORIDA  
Zip 33498 Country U.S.A.

4. FEI Number 65-1059475

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

## 7. Name and Address of New Registered Agent

PERSHES, ROBERT E  
2801 UNIVERSITY DR., STE. 205  
CORAL SPRINGS FL 33065

Name  
ROBERT PERSHES  
Street Address (P.O. Box Number is Not Acceptable)  
90 BUCKINGHAM, DOOLITTLE BOUGHS  
2500 N. MILITARY TRAIL - SUITE # 480  
City BOCA RATON FL Zip Code 33431

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 *Solw. Odette*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDBERG, BETTY	
STREET ADDRESS	C/O S ODETTE/17616 CHARNWOOD DR	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	D	<input type="checkbox"/> Delete
NAME	ODETTE, GLADYS	
STREET ADDRESS	17616 CHARNWOOD DR	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	D	<input type="checkbox"/> Delete
NAME	ODETTE, SOL W	
STREET ADDRESS	17616 CHARNWOOD DR	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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:

*Solw. Odette*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEB. 18, 2003 (561) 376-5336  
Date Daytime Phone #

CR2E034 (10/02)