

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000001758

1. Entity Name

BLANK CHARITABLE FOUNDATION, INC.



05-05-2003 91793 041 ****61.25

03 JUN 11 AM 8:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

~~C/O HENRY H. RAATTAMA~~
ONE SE 3RD AVENUE 28TH FLOOR
MIAMI FL 33131

Mailing Address

~~C/O HENRY H. RAATTAMA~~
ONE SE 3RD AVENUE 28TH FLOOR
MIAMI FL 33131

2. Principal Place of Business

4649 Ponce de Leon Blvd.

3. Mailing Address

1172 South Dixie Hwy.

Suite, Apt. #, etc.

Suite 402

Suite, Apt. #, etc.

#497

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

43-1953412

Applied For

Not Applicable

Zip

33146

Country

USA

Zip

33146

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

XX CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE SE 3RD AVE 28TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: Tony Blank
Street Address (P.O. Box Number is Not Acceptable):
4649 Ponce de Leon Blvd., Suite 402
City: Coral Gables FL Zip Code: 33146

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

Registered Agent

4/24/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Treasurer/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mark Blank 1172 South Dixie Highway, #497 Coral Gables, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman/Secretary/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tony Blank 1172 South Dixie Highway, #497 Coral Gables, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Karen Neuman, 1172 So. Dixie Hwy. #497 Coral Gables, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED