

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # N93000002565****1. Entity Name**
ROSS JORDAN BARASH MEMORIAL FOUNDATION, INC.**Principal Place of Business**
7958 EXETER BLVD W
TAMARAC FL 33322 US
Mailing Address
PO BOX 460063
FT LAUDERDALE FL 33346 US**2. Principal Place of Business**
1449 SE 14 STREET
Suite, Apt. #, etc.**3. Mailing Address**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FORT LAUDERDALE FL
City & State
FORT LAUDERDALE FL
Zip
33316
Country
US
4. FEI Number
65-0415100
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**
BARASH ERIC J.
7958 EXETER BLVD W
TAMARAC FL 33321
7. Name and Address of New Registered Agent
Name
BARASH ERIC J.
Street Address (P.O. Box Number is Not Acceptable)
1449 SE 14 STREET
City
FORT LAUDERDALE FL Zip Code
33316**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** **ERIC J. BARASH** **04/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25
9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARASH MERI			NAME			
STREET ADDRESS	1200 NW 101 AVE			STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33322			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AXMAN MICHAEL			NAME	AXMAN MICHAEL B		
STREET ADDRESS	15624 SW 78TH PL.			STREET ADDRESS	15624 SW 78TH PL.		
CITY-ST-ZIP	MIAMI FL 33157			CITY-ST-ZIP	MIAMI FL 33157		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARASH ERIC			NAME	BARASH ERIC J		
STREET ADDRESS	PO BOX 460063			STREET ADDRESS	PO BOX 460063		
CITY-ST-ZIP	FT LAUDERDALE FL 33346			CITY-ST-ZIP	FT LAUDERDALE FL 33346		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARASH ERIC			NAME	BARASH ERIC J		
STREET ADDRESS	1510 SOUTHEAST 17 STREET, #300			STREET ADDRESS	1449 SE 14 STREET		
CITY-ST-ZIP	FORT LAUDERDALE FL 33316			CITY-ST-ZIP	FORT LAUDERDALE FL 33316		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(f), 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:** **ERIC J. BARASH** **D** **04/26/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)