## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SKINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Secretary of State DOCUMENT # N93000004332 1. Entity Name 01-31-2002 90127 011 \*\*\*\*61.25 STEVEN HALMOS FAMILY FOUNDATION, INC. Principal Place of Business Mailing Address 6.3.2.11.4.. 21 WEST LAS OLAS BLVD 21 WEST LAS OLAS BLVD FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 83-0305837 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7.-Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HALMOS, STEVEN J 707 CORAL WAY FORT LAUDERDALE FL 33301 Zip Code FL 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 primed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/01 D ☐ Change Addition TITLE ☐ Defete TITLE Jeffry Halmos 707 Coral Way NAME HALMOS, MADELAINE G NAME CR2E037 707 CORAL WAY STREET ADDRESS STREET ADDRESS lauderdole FL 33301 CITY-ST-ZIP CHY-ST-ZIP FORT LAUDERDALE FL TITLE Delete TITLE Stephanie Halmos NAME HALMOS, STEVEN J NAME 707 Coral Way STREET ADDRESS 707 CORAL WAY STREET ADDRESS CITY-ST-ZIP \_ FORT LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE HALMOS, GEORGE NAME NAME Deceased STREET ADDRESS 1598 S. OCEAN LANE, #218 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33316 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP 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 supplierred 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 raceive or trustee employee of 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 attrachment with an address, with a cliner like emplowered. 1-14-02 CETTED.

FILED Mar 29, 2002 8:00 am

Daytime Phone #