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

## DOCUMENT # N9300004332

1. Entity Name

STEVEN HALMOS FAMILY FOUNDATION, INC.



## FILED Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90149 049 \*\*\*\*61.25

Principal Flac	e of Business	Mailing Address						
21 WEST LAS FT LAUDERDA US	* · ·	21 WEST LAS OLAS BLVD FT LAUDERDALE FL 33301 US				<b>D(188</b> )(( <b>88</b> )(	N <b>a</b> 21 <b>0</b> 1 2 <b>00</b> 1	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		СН	☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 83-0	4. FEI Number 83-0305837		plied For at Applicable	
Zip	Country	Zip	Country	5. Certificate of Statu	IS DASIFACE LEE 1	8.75 Ado	fitional	
	6. Name and Address of Current	Registered Agent			s of New Registered Ag	ent		
		the same of the sa	~ Name*- **	ومبعيد والأشهري السابخ	The second second			
707 COR			Street Address		Acceptable)			
FORI LA	UDERDALE FL 33301		City		FL	Zip Code	e	
8. The above	named entity submits this statement fo	r the purpose of changing its r	egistered office or rec	istered agent, or both, in the		niliar with	and accept	
	ions of registered agent.	the purpose of changing its i	egistared emec of reg	istored agent, or bein, in the	State of Florida. Tallita	rinicar vivari,	and docopt	
							)	
SIGNATURE .								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature re	quired when reinstating)	DATE		İ	
ı	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co	· · · -	\$5.00 May Be Added to Fees	Make Check I			
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN		
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2. 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 fustee 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:

SIGNIATIONE REQUIRED

954-760-4979