

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

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90115 039 ****61.25

DOCUMENT # N96000006575

1. Entity Name
BARRY WISH FAMILY FOUNDATION, INC.



Principal Place of Business

**C/O BARRY N. WISH
115 VIA LA SELVA
PALM BEACH FL 33480**

Mailing Address

**C/O BARRY N. WISH
115 VIA LA SELVA
PALM BEACH FL 33480**

90003210



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0720792**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PERRY, DAVID L
INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., SUITE 300
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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	DP	<input type="checkbox"/> Delete
NAME	WISH, BARRY N	
STREET ADDRESS	115 VIA LA SELVA	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WISH, JONATHAN ADESS	
STREET ADDRESS	115 VIA LA SELVA	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SILVERSTEIN, STACEY ADESS	
STREET ADDRESS	115 VIA LA SELVA	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WISH, LINDSEY	
STREET ADDRESS	115 VIA LA SELVA	
CITY-ST-ZIP	PALM BCH FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WISH, OBLIO	
STREET ADDRESS	115 VIA LA SELVA	
CITY-ST-ZIP	PALM BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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 *MANUATURE REQUIRED*

CR2E037 (10/02)