

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90097 042 \*\*\*\*61.25

0002034

**DOCUMENT # N97000000298**

1. Entity Name

**WILLIAM AND JOAN BRODSKY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

2800 PONCE DE LEON BLVD  
 SUITE 1125  
 CORAL GABLES FL 33134  
 US

2800 PONCE DE LEON BLVD  
 SUITE 1125  
 CORAL GABLES FL 33134  
 US

**B0028059**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0724452**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BREIER, ROBERT G ESQ**  
**2800 PONCE DE LEON BLVD**  
**SUITE 1125**  
**CORAL GABLES FL 33134**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/2/01*

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$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	PD	<input type="checkbox"/> Delete
NAME	BRODSKY, WILLIAM	
STREET ADDRESS	2800 PONCE DE LEON BLVD SUITE 1125	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BRODSKY, JOAN	
STREET ADDRESS	2800 PONCE DE LEON BLVD SUITE 1125	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRODSKY, MICHAEL	
STREET ADDRESS	2800 PONCE DE LEON BLVD SUITE 1125	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRODSKY, STEVEN	
STREET ADDRESS	2800 PONCE DE LEON BLVD SUITE 1125	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRODSKY, JONATHAN	
STREET ADDRESS	2800 PONCE DE LEON BLVD SUITE 1125	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*Stephen NOT STEVEN*

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*  
*Pres April 2 2001*

Date

Daytime Phone #

*312-786 7001*

CR2E037 (10/00)