

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

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90202 045 ****61.25

0024000

DOCUMENT # N97000000298

1. Entity Name

WILLIAM AND JOAN BRODSKY FOUNDATION, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0724452**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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

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, STEPHEN	
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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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: *William Brodsky* 3/27/03 312-786-7001

CR2E037 (10/02)