

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000006781	
1. Entity Name THE FANA HOLTZ FOUNDATION, INC.	

Principal Place of Business 169 EAST FLAGLER STREET SUITE 1627 MIAMI FL 33131	Mailing Address 169 EAST FLAGLER STREET SUITE 1627 MIAMI FL 33131
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2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
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City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 65-0824129	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOLTZ, ABEL 169 EAST FLAGLER STREET SUITE 1627 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
D HOLTZ, FANA 9999 COLLINS AVENUE BAL HARBOUR FL 33154	
D HOLTZ, ABEL 9999 COLLINS AVENUE BAL HARBOUR FL 33154	
D HOLTZ, DANIEL 225 ARVIDA PARKWAY CORAL GABLES FL 33156	
D HOLTZ, JAVIER 94 LA GORCE CIRCLE MIAMI BEACH FL 33141	
☐ Delete	
☐ Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
U000000034553 02/05/04-80088-010 61.25	
☐ Change ☐ Addition	
☐ Change ☐ Addition	
☐ Change ☐ Addition	
☐ Change ☐ Addition	
☐ Change ☐ Addition	

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]* 1/28/04 (305) 374 7801