

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90005 042 ****61.25

DOCUMENT # N99000004873

1. Entity Name

EMILY DORFMAN CHARITABLE FOUNDATION, INC.

Principal Place of Business

6088 ROYAL BIRKDALE DR
 LAKE WORTH FL 33463

Mailing Address

6088 ROYAL BIRKDALE DR
 LAKE WORTH FL 33463-6523

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0940536

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DORFMAN, ANDREA
6088 ROYAL BIRKDALE DR
LAKE WORTH FL 33463

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DORFMAN, ANDREA	
STREET ADDRESS	6088 ROYAL BIRKDALE DR	
CITY - ST - ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	DORFMAN, PHILIP	
STREET ADDRESS	6088 ROYAL BIRKDALE DR	
CITY - ST - ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONASTRA, JOSEPH	
STREET ADDRESS	6305 COUNTRY FAIR CIRCLE	
CITY - ST - ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONASTRA, CORA	
STREET ADDRESS	6305 COUNTRY FAIR CIRCLE	
CITY - ST - ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

Joseph C. Monastra
Joseph C. MONASTRA

Date

4-21-00

Daytime Phone #

561-326-4135

CR2E037 (9/99)