

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90130 005 ***150.00

DOCUMENT # P99000064158

1. Entity Name
FOUNDATION CAPITAL, INC.
Waxman Property Group

Principal Place of Business Mailing Address
3555 NORTHLAKE BOULEVARD **3555 NORTHLAKE BOULEVARD**
PALM BEACH GARDENS FL 33403 **PALM BEACH GARDENS FL 33403**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5601 Corporate Way *5601 Corporate Way*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 404 *Suite 404*
 City & State City & State
West Palm Beach FL *West Palm Beach FL*
 Zip Country Zip Country
33407 *US* *33407* *US*

4. FEI Number Applied For
65-0935830 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WAXMAN, BRIAN K
3555 NORTHLAKE BOULEVARD
PALM BEACH GARDENS FL 33403

7. Name and Address of New Registered Agent
 Name *Waxman, Brian K*
 Street Address (P.O. Box Number is Not Acceptable) *5601 Corporate Way*
Suite 404
 City *West Palm Beach* FL Zip Code *33407*

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]* DATE *4/29/02*
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	DPST <input type="checkbox"/> Delete
NAME	WAXMAN, BRIAN K
STREET ADDRESS	3555 NORTHLAKE BOULEVARD
CITY-ST-ZIP	PALM BEACH GARDENS FL 33403
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Waxman, Brian K</i>
STREET ADDRESS	<i>5601 Corporate Way Suite 404</i>
CITY-ST-ZIP	<i>West Palm Beach FL 33407</i>
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	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* President *4/29/02* *561-689-2380*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

05230202

CR2E034 (9/01)