

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743454

1. Entity Name

ANTHONY R. ABRAHAM FOUNDATION, INC.

Principal Place of Business

6600 S.W. 57 AVENUE
MIAMI FL 33143

Mailing Address

6600 S.W. 57 AVENUE
MIAMI FL 33143-3681

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1837290

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRYER, WARREN
6600 SW 57TH AVE
MIAMI FL 33143

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	PD	<input type="checkbox"/> Delete
NAME	ABRAHAM, ANTHONY R	
STREET ADDRESS	727 SOUTH ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ABRAHAM, THOMAS G	
STREET ADDRESS	330 SOLANO PRADO	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SHAKER, ANTHONY	
STREET ADDRESS	1118 N. KENILWORTH AVENUE	
CITY-ST-ZIP	OAK PARK IL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALOUF, THOMAS H	
STREET ADDRESS	3109 MOSS VALE LANE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABRAHAM, NORMA JEAN	
STREET ADDRESS	6816 CAMARIN	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAKER, HELEN	
STREET ADDRESS	1111 FRANKLIN AVENUE	
CITY-ST-ZIP	RIVER FOREST IL 60305	

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
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	

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:

ANTHONY R. ABRAHAM

4/6/00

305-665-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)