

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90004 028 ****61.25

DOCUMENT # N96000002222

1. Entity Name



FLORMAN FAMILY FOUNDATION

Principal Place of Business

Mailing Address

3455 N.W. 54TH STREET 3455 N.W. 54TH STREET
 MIAMI, FL 33142 MIAMI, FL 33142

659023

2. Principal Place of Business
 SAME AS ABOVE

3. Mailing Address
 SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

65-0662182

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PUCK, ROBERT J.
 450 E. LAS OLAS BLVD.
 STE. 900
 FT. LAUDERDALE 33301

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR ☐ Delete
 NAME FLORMAN, BETTY
 STREET ADDRESS 3455 N.W. 54TH STREET
 CITY - ST - ZIP MIAMI, FL 33142

TITLE DIRECTOR ☐ Delete
 NAME PUCK, ROBERT
 STREET ADDRESS 450 E. LAS OLAS BLVDROSTE 900
 CITY - ST - ZIP MIAMI, FL 33301

TITLE DIRECTOR ☐ Delete
 NAME BLANK, MARK
 STREET ADDRESS 3725 S. DIXIE HIGHWAY
 CITY - ST - ZIP MIAMI, FL 33156

TITLE DIRECTOR ☐ Delete
 NAME MARCIANO, SHELLY
 STREET ADDRESS 3725 S. DIXIE HIGHWAY
 CITY - ST - ZIP MIAMI, FL 33156

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

MARK BLANK

5/01/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #