

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90403 027 ****61.25

DOCUMENT # N01000007884

1. Entity Name

ALWEISS FOUNDATION, INC.

Principal Place of Business

Mailing Address

**26 WESTWARD DRIVE
 MIAMI SPRINGS FL 33166**

**26 WESTWARD DRIVE
 MIAMI SPRINGS FL 33166**

2. Principal Place of Business

3. Mailing Address

**4801 S. UNIVERSITY DR
 Suite, Apt. #, etc.**

**P.O. BOX 661169
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

City & State

DAVIE FLA.

MIAMI SPRINGS, FL.

4. FEI Number

65-1151153

Applied For

Not Applicable

Zip

Country

Zip

Country

33328

U.S.

33166

U.S.

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

**WACHS, JEFFREY S ESQ.
 1177 S.E. 3RD AVENUE
 FORT LAUDERDALE FL 33316**

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 **D** ☐ Delete
 NAME **ALWEISS, IRA**
 STREET ADDRESS **26 WESTWARD DRIVE**
 CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE ☒ Change ☐ Addition
 NAME **4801 S. UNIVERSITY DR.**
 STREET ADDRESS **DAVIE, FLA. 33328**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **ALWEISS, ALAN L**
 STREET ADDRESS **26 WESTWARD DRIVE**
 CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE ☒ Change ☐ Addition
 NAME **4801 S. UNIVERSITY DR.**
 STREET ADDRESS **DAVIE, FLA. 33328**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **LILIENFELD, ROBERT J**
 STREET ADDRESS **2670 N.E. 215TH STREET**
 CITY-ST-ZIP **AVENTURA FL 33180**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRA ALWEISS

4-8-02 305-285-0789

Date

Daytime Phone #

CR2E037 (9/01)