

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37341

1. Entity Name

BEST BUDDIES INTERNATIONAL, INC.

Principal Place of Business

100 SE 2ND STREET
SUITE 1990
MIAMI FL 33131
US

Mailing Address

100 SE 2ND STREET
SUITE 1990
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1614576

Applied For

Not Applicable

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

SHRIVER, ANTHONY
100 SE 2ND STREET
SUITE 1990
MIAMI FL 33131

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
NAME BLANK, BRAD
STREET ADDRESS 70 FRANKLIN ST, 7TH FLR
CITY-ST-ZIP BOSTON MA ☐ Delete

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

TITLE ☐ PD
NAME SHRIVER, ANTHONY K
STREET ADDRESS 100 SE 2ND STREET, SUITE 1990
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE ☐ D
NAME ABRAMS, MIKE
STREET ADDRESS 2999 NE 191ST ST, #409
CITY-ST-ZIP MIAMI FL 33180 ☐ Delete

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

TITLE ☐ D
NAME SHRIVER, EUNICE K
STREET ADDRESS 1325 G. STREET, SUITE 500
CITY-ST-ZIP WASHINGTON DC ☐ Delete

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

TITLE ☐ D
NAME KLINGMAN, GERARD A
STREET ADDRESS 405 LEXINGTON AVE, 24TH FLR
CITY-ST-ZIP NEW YORK NY 10174 ☐ Delete

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

TITLE ☐ D
NAME BOOK, RONALD L
STREET ADDRESS 2999 NE 191 ST, STE 409
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

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 REQUIRED

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE