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**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90096 035 \*\*\*\*70.00

**DOCUMENT # 700210**

1. Entity Name

**FRANK AND ANNA GOLDMAN FOUNDATION, INC.**

Principal Place of Business

Mailing Address

1123 71 STREET  
MIAMI BEACH FL 331411123 71 STREET  
MIAMI BEACH FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-0965237

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

Name

Goldman, Arnold L.

Street Address (P.O. Box Number is Not Acceptable)

1123 71st Street

City

Miami Beach

FL

Zip Code  
33141

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 date 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	President	<input type="checkbox"/> Delete
NAME	GOLDMAN, ARNOLD	
STREET ADDRESS	1123 71ST ST	
CITY - ST - ZIP	MIAMI BCH, FL 33141	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PEARL, LEWIN	
STREET ADDRESS	4231 N WALNUT AVE	
CITY - ST - ZIP	ARLINGTON HEIGHTS IL	

TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	GOLDMAN, ARNOLD	
STREET ADDRESS	5255 COLLINS AVE 6A	
CITY - ST - ZIP	MIAMI BEACH FL	

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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vicepresident	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mitchel P. Goldman	
STREET ADDRESS	850 Prospect Street, Suite 2	
CITY - ST - ZIP	La Jolla, CA 92037	

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aaron Goldman	
STREET ADDRESS	1123 71st Street	
CITY - ST - ZIP	Miami Beach, FL 33141	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ARNOLD L. GOLDMAN** 18) APR 02 305-866 7334

CR2E037 (9/01)