

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90004 021 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # 701515</b>			
1. Entity Name <b>RUSSACK FAMILY FOUNDATION</b>			
Principal Place of Business <b>C/O MICHAEL ABRAHAM 4445 ALTON RD MIAMI BCH FL 33140 US</b>		Mailing Address <b>C/O MICHAEL ABRAHAM 4445 ALTON RD MIAMI BCH FL 33140-2852 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>BECK, FRANK 1390 NE 162 ST MIAMI BEACH FL 33162</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW: FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Department of State</b>			
10. OFFICERS AND DIRECTORS			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALLACH, HERBERT</b>	NAME	
STREET ADDRESS	<b>5491 N W 23RD AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABRAHAM, MICHAEL</b>	NAME	
STREET ADDRESS	<b>4445 ALTON RD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BECK, FRANK</b>	NAME	
STREET ADDRESS	<b>1390 NE 162 ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>N MIAMI BEACH FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** *Michael Abraham* RE (MICHAEL ABRAHAM) **1-6-00 305/532-2028**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)