

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705063

1. Entity Name

THE 682 FOUNDATION, INCORPORATED



**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90010 036 \*\*\*\*61.25

Principal Place of Business

15947 N.E. 19TH PL  
P.O. BOX 600455  
NORTH MIAMI BEACH FL 33162

Mailing Address

%BEATRICE TREPPER  
700 S. HOLLYBROOK DR., APT 206 BLDG55  
PEMBROKE PINES FL 33025

2. Principal Place of Business

*Name*

3. Mailing Address

*HERMAN GROMET*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*1655 NE 159 ST*

City & State

City & State

*MIAMI BEACH*

Zip

Country

Zip

Country

*33162*

*DAVE*

4. FEI Number

59-6153433

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TREPPER, BEATRICE  
700 S HOLLYBROOK DRI  
BLDG 55 / APT - 206  
PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent

Name *HERMAN GROMET*  
Street Address (P.O. Box Number is Not Acceptable)  
*1655 NE 159 ST*  
City *MIAMI BEACH* FL Zip Code *33162*

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

*Herman Gromet*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*8/11/2000*

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	P	<input type="checkbox"/> Delete
NAME	GROMET, HERMAN	
STREET ADDRESS	1655 NE 159 STREET	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERBER, EUGENE	
STREET ADDRESS	231 174TH STREET / STE - 301	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROSENBERG, LOUIS	
STREET ADDRESS	930 NE 172 ST	
CITY-ST-ZIP	N M B FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIEBMAN, LEON	
STREET ADDRESS	1101 SW 128TH TERRACE / STE - 209	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVINE, RALPH	
STREET ADDRESS	2880 N.E. 203RD STREET.. #1	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	TREPPER, BEATRICE	
STREET ADDRESS	700 S. HOLLYBROOK DR., APT #206 BLDG 55	
CITY-ST-ZIP	PEMBROKE PINES FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Herman Gromet</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Eugene Ferber</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Louis Rosenberg</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Leon Liebman</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Ralph Levine</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Beatrice Trepper</i>
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

*Beatrice Trepper - TS (954) 431-7088*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)