

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 705063

1. Entity Name

THE 682 FOUNDATION, INCORPORATED



Principal Place of Business

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

Mailing Address

HERMAN GROMET
1655 NE 159 ST
MIAMI FL 33162

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

59-6153433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GROMET, HERMAN
1655 NE 159 ST
MIAMI FL 33162

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: GROMET, HERMAN
STREET ADDRESS: 1655 NE 159 STREET
CITY-ST-ZIP: N MIAMI BEACH FL ☐ Delete

TITLE: D
NAME: FERBER, EUGENE
STREET ADDRESS: 231 174TH STREET / STE - 301
CITY-ST-ZIP: N MIAMI BEACH FL ☐ Delete

TITLE: VP
NAME: ROSENBERG, LOUIS
STREET ADDRESS: 930 NE 172 ST
CITY-ST-ZIP: N M B FL 33162 ☐ Delete

TITLE: D
NAME: LIEBMAN, LEON
STREET ADDRESS: 1101 SW 128TH TERRACE / STE - 209
CITY-ST-ZIP: PEMBROKE PINES FL ☐ Delete

TITLE: D
NAME: LEVINE, RALPH
STREET ADDRESS: 2880 N.E. 203RD STREET., #1
CITY-ST-ZIP: N MIAMI BEACH FL ☐ Delete

TITLE: TS
NAME: TREPPER, BEATRICE
STREET ADDRESS: 700 S. HOLLYBROOK DR., APT #206 BLDG 55
CITY-ST-ZIP: PEMBROKE PINES FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: U00000074807
CITY-ST-ZIP: 03/03/04-80033-014 61.25

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/04

305-944-2536