

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 742974**

1. Entity Name

MILTON LITTMAN MEMORIAL FOUNDATION, INC.

Principal Place of Business

**17971 BISCAYNE BLVD STE 214
N MIAMI BCH FL 33160**

Mailing Address

**17971 BISCAYNE BLVD STE 214
N MIAMI BCH FL 33160**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1840585

Applied For

Not Applicable

Zip

Country

Zip

Country

33160-2588**33160-2588**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

**PESETSKY, WALTER S.
1367 NORTHEAST 162ND. STREET
MIAMI FL 33162**

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD KOPPEL, WILLIAM 2421 NE 199 ST. N.MIAMI BEACH FL			
VD ADDERTON, TED 7764 BILTMORE BLVD. MIRAMAR FL			
SD LITTMAN, JULIUS 3545 N.E. 166TH. ST. N. MIAMI BEACH FL			
TD LITTMAN, IRVING 2621 N.E. 165TH. ST. N. MIAMI BEACH FL			
D PESETSKY, WALTER. 1367 NE 162 ST. N. MIAMI BEACH FL			

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 OF WILLIAM C. KOPPEL, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90047 010 ****61.25

C0022692

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)