

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90166 045 ****61.25

DOCUMENT # 742974

1. Entity Name

MILTON LITTMAN MEMORIAL FOUNDATION, INC.



Principal Place of Business

**17971 BISCAYNE BLVD STE 214
MIAMI FL 33160-2588**

Mailing Address

**17971 BISCAYNE BLVD STE 214
MIAMI FL 33160-2588**

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 **59-1840585**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Walter S. Pesetsky

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

**17701 Biscayne Blvd
#200**

City

Aventura

FL

Zip Code
33160

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

Walter S. Pesetsky 1/3/03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	KOPPEL, WILLIAM	
STREET ADDRESS	2421 NE 199 ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ADDERTON, TED	
STREET ADDRESS	7764 BILTMORE BLVD.	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LITTMAN, JULIUS	
STREET ADDRESS	3545 N.E. 166TH. ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LITTMAN, IRVING	
STREET ADDRESS	2621 N.E. 165TH. ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PESETSKY, WALTER.	
STREET ADDRESS	1367 NE 162 ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
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	
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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 REQUIRED **William C. Koppel 1/10/03 (505) 952-5900**

CR2E037 (10/02)