

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000075

1. Entity Name

FISHOFF FAMILY FOUNDATION, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90115 044 ****70.00

Principal Place of Business

Mailing Address

10 CITY AVENUE
NEW YORK NY 10036

1140 6TH AVENUE
NEW YORK NY 10036

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

13-3076576

Applied For

Not Applicable

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

Name

FISHOFF, BENJAMIN

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

5001 COLLINS AVENUE APT. #7J

City

MIAMI, FL 3

FL

Zip Code
33140

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

4-17-00

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 ☐ Delete

NAME FISHOFF, BENJAMIN

STREET ADDRESS 1140 6TH AVENUE

CITY-ST-ZIP NEW YORK NY

TITLE ☐ Delete

NAME GOLD, BARBARA

STREET ADDRESS 1140 6TH AVENUE

CITY-ST-ZIP NEW YORK NY

TITLE ☐ Delete

NAME FISHOFF, DONALD

STREET ADDRESS 1140 6TH AVENUE

CITY-ST-ZIP NEW YORK NY

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 212 921-1700

Date

Daytime Phone #

CR2E037 (9/99)