

Sent By: ;

954 956 7247;

May

4/

FILED
May 30, 2002 8:00 am
Secretary of State

04-29-2002 90214 023 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000008423**

1. Entity Name

**MARC FLADELL NATIONAL FOUNDATION FOR THE DISABLE
D, INC.**

Principal Place of Business

Mailing Address

**1291A SOUTH POWERLINE RD. #151
POMPANO BEACH FL 33069****1291A SOUTH POWERLINE RD. #151
POMPANO BEACH FL 33069**

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

APPLIED FOR

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

**FLADELL, IRA M
1291A SOUTH POWERLINE RD. #151
POMPANO BEACH FL 33069**

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 the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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
D
FLADELL, IRA M
1291A SOUTH POWERLINE RD. #151
POMPANO BEACH FL 33069☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BESKIN, MICHAEL D
22304 CALIBRE COURT, APT 1304
BOCA RATON FL 33433☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JIMENEZ, RAUL
1875 NE 45 ST
FT LAUDERDALE FL 33334☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
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)(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

Date

Daytime Phone #