

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91400 019 ****61.25

0036424

DOCUMENT # NO1000001373
 1. Entity Name
JOSEPH & ESTELLE FINKEL FAMILY FOUNDATION, INC.

Principal Place of Business 4910 PINEVIEW CIRCLE DELRAY BEACH FL 33445	Mailing Address 4910 PINEVIEW CIRCLE DELRAY BEACH FL 33445
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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65E1085970

Applied For
Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BALDOVIN, PAUL A. JR.
225 N.E. FIRST AVE.
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name: **PAUL A. BALDOVIN, JR.**
 Street Address (P.O. Box Number is Not Acceptable): **225 N.E. MIZNER BLVD, STE 300**
 City: **BOCA RATON** FL Zip Code: **33432**

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: **PAUL A. BALDOVIN, JR.** *[Signature]* DATE: **3/14/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/P/T JOSEPH FINKEL
STREET ADDRESS	4910 Pineview Circle
CITY-ST-ZIP	Boca Raton, FL 33445
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/VP/S ESTELLE FINKEL
STREET ADDRESS	4910 Pineview Circle
CITY-ST-ZIP	Boca Raton, FL 33445
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D ROSLYN KRICHMAN
STREET ADDRESS	4910 Pineview Circle
CITY-ST-ZIP	Boca Raton, FL 33445
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D ARLENE CARPEL
STREET ADDRESS	4910 Pineview Circle
CITY-ST-ZIP	Boca Raton, FL 33445
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D MINDY DUDAS
STREET ADDRESS	4910 Pineview Circle
CITY-ST-ZIP	Boca Raton, FL 33445
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** *Joseph Finkel 3/19/02 561-498-0232*

CR2E037 (9/01)