

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000001373

1. Entity Name

JOSEPH & ESTELLE FINKEL FAMILY FOUNDATION, INC.

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

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

0036424

Principal Place of Business Mailing Address
 4910 PINEVIEW CIRCLE 4910 PINEVIEW CIRCLE
 DELRAY BEACH FL 33445 DELRAY BEACH FL 33445

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

65E1085970 Applied For
 Not Applicable
 5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required

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. FIRST AVE, 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. 3/14/02
 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	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	D/P/T JOSEPH FINKEL	
CITY-ST-ZIP			CITY-ST-ZIP	4910 Pineview Circle	
				Boca Raton, FL 33445	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	D/VP/S ESTELLE FINKEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	4910 Pineview Circle	
CITY-ST-ZIP			CITY-ST-ZIP	Boca Raton, FL 33445	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	D ROSLYN KRICHMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	4910 Pineview Circle	
CITY-ST-ZIP			CITY-ST-ZIP	Boca Raton, FL 33445	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	D ARLENE CARPEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	4910 Pineview Circle	
CITY-ST-ZIP			CITY-ST-ZIP	Boca Raton, FL 33445	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	D MINDY DUDAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	4910 Pineview Circle	
CITY-ST-ZIP			CITY-ST-ZIP	Boca Raton, FL 33445	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)