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

DOCUMENT # N01000001373

1. Entity Name

JOSEPH & ESTELLE FINKEL FAMILY FOUNDATION, INC.



FILED Sep 04, 2003 8:00 am Secretary of State

09-04-2003 90064 008 ****61.25

CELANY BEACH FL 3945 2. Principal Place of Business Suria, Act 9, etc. City & State City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) DITE Street Address (P.O. Box Number is Not Acceptable) DITE Street Address (P.O. Box Number is Not Acceptable) DITE Street Address (P.O. Box Number is Not Acceptable) DITE Street Address (P.O. Box Number is Not Acceptable) DITE The above nemed address of registered agent. Street Address (P.O. Box Number is Not Acceptable) DITE The above nemed address of registered agent. Street Address (P.O. Box Number is Not Acceptable) DITE The above nemed address of registered agent. Street Address (P.O. Box Number is Not Acceptable) DITE The above nemed address of registered agent. Street Address (P.O. Box Number is Not Acceptable) DITE The above nemed address of registered agent. Street Address (P.O. Box Number is Not Acceptable) DITE The above nemed address of registered agent. Street Address (P.O. Box Number is Not Acceptable) DITE The above nemed address of registered agent. Street Address (P.O. Box Number is Not Acceptable) DITE The above nemed address of registered agent. Street Address (P.O. Box Number is Not Acceptable) DITE The above nemed address of registered agent. Street Addr									
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Suite, Apt. W. etc. Suite, Apt. W. etc. Chy & State	DELRAY BEAC	CH FL 33445	DELRAY BEACH FL 33	RAY BEACH FL 33445					
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City & State	Suite, Apt	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED