

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90407 049 ****70.00

DOCUMENT # N01000002528



1. Entity Name
HALBERSTEIN FAMILY SUPPORTING FOUNDATION, INC.

Principal Place of Business
**4200 BISCAYNE BLVD.
MIAMI FL 33137**

Mailing Address
**4200 BISCAYNE BLVD.
MIAMI FL 33137**

30022152



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **91-2117364**

Applied For
Not Applicable

Zip Country Zip Country

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

**SCHWARTZ, STEPHEN M
4200 BISCAYNE BLVD.
MIAMI FL 33137**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	EISENBERG, HERBERT	
STREET ADDRESS	4200 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SOLOMON, JACOB	
STREET ADDRESS	4200 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELLOCK, JACK	
STREET ADDRESS	19707 TURNBERRY WAY APT. 8-J	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVERMAN, BARRY J DR.	
STREET ADDRESS	2801 N.E. 208TH TERRACE, SUITE 102	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLEMBERG, ISAAC	
STREET ADDRESS	800 N.W. 21ST STREET	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
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: SIG Herbert Eisenberg (HERBERT EISENBERG) 1/27/03 3055764000

CR2E037 (10/02)