

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91180 011 ****61.25

0086034

DOCUMENT # N01000005138

1. Entity Name

FROM ILLUSION TO REALITY FOUNDATION, INC.

Principal Place of Business

Mailing Address

6901 WEST OKEECHOBEE BOULEVARD
#D5, SUITE 334
WEST PALM BEACH FL 33411

6901 WEST OKEECHOBEE BOULEVARD
#D5, SUITE 334
WEST PALM BEACH FL 33411

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

65-1123368

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

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22ND ST
4TH FLOOR
MIAMI FL 33145

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 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 PTD
NAME MOSS, ANDREW B
STREET ADDRESS 6901 WEST OKEECHOBEE BOULEVARD #D5 STE. 334
CITY-ST-ZIP WEST PALM BEACH FL 33411 ☒ Delete

TITLE VD
NAME TOSONI, MARK
STREET ADDRESS 6901 WEST OKEECHOBEE BOULEVARD #D5 STE. 334
CITY-ST-ZIP WEST PALM BEACH FL 33411 ☐ Delete

TITLE D
NAME MYLETT, BRIAN J
STREET ADDRESS 6901 WEST OKEECHOBEE BOULEVARD #D5 STE. 334
CITY-ST-ZIP WEST PALM BEACH FL 33411 ☒ 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 PTD
NAME KAKUK, MATYAS
STREET ADDRESS 6901 WEST OKEECHOBEE BLVD. #D5/334
CITY-ST-ZIP WEST PALM BEACH, FL 33411 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME MOSS, ALEXANDER
STREET ADDRESS 6901 WEST OKEECHOBEE BLVD. D5/334
CITY-ST-ZIP WEST PALM BEACH, FL 33411 ☒ 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 ANDREW B. MOSS

3/27/02 561.687.9119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)