

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90069 007 \*\*\*\*70.00

0024559

**DOCUMENT # N01000006315**

1. Entity Name

**THE REACH FOR THE STARS FOUNDATION TO BENEFIT CHILDREN WITH CYSTIC FIBROSIS, INC.**

Principal Place of Business

Mailing Address

291 BAL BAY DRIVE, APARTMENT 307  
 BAL HARBOUR FL 33154

291 BAL BAY DRIVE, APARTMENT 307  
 BAL HARBOUR FL 33154

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

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

7. Name and Address of New Registered Agent

LEVY, STACEY M  
 291 BAL BAY DRIVE, APARTMENT 307  
 BAL HARBOUR FL 33154

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

*Stacey Levy*

3/28/02

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	D	<input type="checkbox"/> Delete
NAME	LEVY, STACEY M	
STREET ADDRESS	291 BAL BAY DRIVE, APARTMENT 307	
CITY-ST-ZIP	BAL HARBOUR FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVY, BRIAN M	
STREET ADDRESS	291 BAL BAY DRIVE, APARTMENT 307	
CITY-ST-ZIP	BAL HARBOUR FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEIN, JEFFREY	
STREET ADDRESS	10250 COLLINS AVENUE #308	
CITY-ST-ZIP	BAL HARBOUR FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLUMENCRAZ, MARC	
STREET ADDRESS	108 BEACH ROAD	
CITY-ST-ZIP	KINGS POINT NY 11024	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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:

*Stacey Levy*

3/28/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)