

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

**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**

05-09-2003 90145 012 \*\*\*\*61.25

0027006

**DOCUMENT # N01000006315**

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



Principal Place of Business  
**291 BAL BAY DRIVE, APARTMENT 307  
BAL HARBOUR FL 33154**

Mailing Address  
**1025 KANE CONCOURSE  
SUITE 207  
BAY HARBOR ISLAND FL 33154**



2. Principal Place of Business  
**1025 KANE CONCOURSE**

Suite, Apt. #, etc.  
**SUITE 207**

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**BAY HARBOR ISL, FL**

City & State

4. FEI Number **65-1134410** Applied For  
Not Applicable

Zip **33154** Country **USA** Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LEVY, STACEY M  
291 BAL BAY DRIVE, APARTMENT 307  
BAL HARBOUR FL 33154**

7. Name and Address of New Registered Agent  
Name **BRIAN LEVY**  
Street Address (P.O. Box Number is Not Acceptable)  
**1025 KANE CONCOURSE # 207**  
City **BAY HARBOR ISLAND** FL Zip Code **33154**

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 **4/27/03**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: DATE **4/27/03** **305-865-5588**

CR2E037 (10/02)