

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


FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90349 029 ****61.25

DUPLICATE

DOCUMENT # N02000002244

1. Entity Name
MANUELA AND ARTHUR BRUHIER FOUNDATION, INC.



Principal Place of Business Mailing Address

**10910 NW 64TH DRIVE
PARKLAND FL 33076** **10910 NW 64TH DRIVE
PARKLAND FL 33076**

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
EIN 02-0586352 Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LACRUISE, ODESSA
10910 NW 64TH DRIVE
PARKLAND FL 33076**

7. Name and Address of New Registered Agent

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
After September 10, 2003, min will be \$236.25

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	D <input type="checkbox"/> Delete
NAME	HENDERSON, IRVIN
STREET ADDRESS	75 WEST END AVENUE
CITY-ST-ZIP	NEW YORK NY 10023
TITLE	D <input type="checkbox"/> Delete
NAME	HENDERSON, ALVIN
STREET ADDRESS	BIG CREEK INDEPENDENCE
CITY-ST-ZIP	STAN CREEK BELIZE
TITLE	D <input type="checkbox"/> Delete
NAME	CASTILLO, ZANE
STREET ADDRESS	44 EBONY STREET
CITY-ST-ZIP	BELIZE CITY BELIZE
TITLE	D <input type="checkbox"/> Delete
NAME	BLEASE, ALLYSON
STREET ADDRESS	7615 COCO PLUM CIRCLE
CITY-ST-ZIP	PLANTATION FL 33324
TITLE	PTS <input type="checkbox"/> Delete
NAME	LACRUISE, ODESSA
STREET ADDRESS	10910 NW 64TH DRIVE
CITY-ST-ZIP	PARKLAND FL 33076
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: *[Signature]* **SIGNATURE REQUIRED** **7/8/03** **954 344 6467**

CR2E037 (4/03)