

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2005 8:00 am
Secretary of State

06-03-2005 90003 026 ****61.25

DOCUMENT # N04000006040 1. Entity Name BARSKY GREENSTEIN FOUNDATION INC.					
Principal Place of Business 3802 NE 207TH ST #1803 AVENTURA, FL 33180			Mailing Address 3802 NE 207TH ST #1803 AVENTURA, FL 33180		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GREENSTEIN, STANLY G 3802 NE 207TH ST #1803 AVENTURA, FL 33180				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 Signature, hand or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE 6/1/05			
Filing Fee is \$61.25 Due by September 7, 2005		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	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	GREENSTEIN, JOYCE B		NAME		
STREET ADDRESS	3802 NE 207TH ST #1803		STREET ADDRESS		
CITY - ST - ZIP	AVENTURA, FL 33180		CITY - ST - ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	GREENSTEIN, STANLEY G		NAME		
STREET ADDRESS	3802 NE 207TH ST #1803		STREET ADDRESS		
CITY - ST - ZIP	AVENTURA, FL 33180		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: STANLY G. GREENSTEIN 6/1/05 305-933-2078 SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR					