

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18335

1. Entity Name

THE SILVERSTEIN FOUNDATION, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90080 034 ****61.25

Principal Place of Business

6696 VERSAILLES COURT
 LAKE WORTH FL 33467

Mailing Address

6696 VERSAILLES COURT
 LAKE WORTH FL 33467-5015

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2747181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SILVERSTEIN, HERMAN J.
 6696 VERSAILLES COURT
 LAKE WORTH FL 33467

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.

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

TITLE ☐ Delete
 NAME DP
 STREET ADDRESS SILVERSTEIN, HERMAN J.
 CITY-ST-ZIP 6696 VERSAILLES COURT
 LAKE WORTH FL

TITLE ☐ Delete
 NAME D
 STREET ADDRESS SILVERSTEIN, PAULINE
 CITY-ST-ZIP 6696 VERSAILLES COURT
 LAKE WORTH FL

TITLE ☐ Delete
 NAME D
 STREET ADDRESS SILVERSTEIN, ROBERT
 CITY-ST-ZIP 9204 WHITE CHIMNEY LANE
 GREAT FALLS VA

TITLE ☐ Delete
 NAME D
 STREET ADDRESS SILVERSTEIN, MICHAEL
 CITY-ST-ZIP 5035 NW 102ND DR
 CORAL SPGS FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)