

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

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90116 015 *****61.25

DOCUMENT # N18335

1. Entity Name

THE SILVERSTEIN FOUNDATION, INC.



Principal Place of Business

**6696 VERSAILLES COURT
LAKE WORTH FL 33467**

Mailing Address

**6696 VERSAILLES COURT
LAKE WORTH FL 33467**

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 **59-2747181**

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

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

7. Name and Address of New Registered Agent

Name

Silverstein, Pauline

Street Address (P.O. Box Number is Not Acceptable)

6696 Versailles Court

City

Lake Worth, FL

FL

Zip Code

33467

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

Pauline Silverstein

Pauline Silverstein

3/24/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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TITLE ☐ Change ☐ 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: *Pauline Silverstein* *3/24/03*

CR2E037 (10/02)