

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90007 004 \*\*\*\*61.25

**DOCUMENT # N24172**

1. Entity Name

**BLANK FAMILY FOUNDATION, INC.**

Principal Place of Business

%ROBERT J. PUCK  
 9350 SOUTH DIXIE HIGHWAY, SUITE 900  
 MIAMI FL 33156

Mailing Address

%ROBERT J. PUCK  
 9350 SOUTH DIXIE HIGHWAY, SUITE 900  
 MIAMI FL 33156  
 3455 N.W. 54TH ST.  
 MIAMI, FL 33142

2. Principal Place of Business

*3455 NW 54th Street*

3. Mailing Address

*3455 NW 54th Street*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Miami, Florida*

City & State

*Miami, Florida*

4. FEI Number

**65-0060771**

Applied For

Not Applicable

Zip

*33142*

Country

Zip

*33142*

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARCIANO, SHELLEY  
 9350 SOUTH DIXIE HIGHWAY, SUITE 900  
 MIAMI FL 33156

7. Name and Address of New Registered Agent

Name *Lilia Kelley*  
 Street Address (P.O. Box Number is Not Acceptable)  
*3455 NW 54th Street*  
 City *Miami* FL Zip Code *33142*

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/10/01*

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BLANK, TONY 9350 S DIXIE HWY S900 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLANK, MARK 9350 SOUTH DIXIE HY S900 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLANK, ANDREW 9350 SOUTH DIXIE HY S900 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PUCK, ROBERT J. 9350 SOUTH DIXIE HY S900 MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLANK, JEROME 9350 S DIXIE HWY, #900 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Lilia Kelley 3405 NW 54th Street Miami, FL - 33142	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/10/01*

*(305) 633-8587*

Date

Daytime Phone #

0001353

CR2E037 (10/00)