

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90009 025 ****61.25

DOCUMENT # N24172

1. Entity Name Blank Family Foundation, Inc.

00093388

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3455 N.W. 54 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

Country

USA

4. FEI Number

65-0060771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name
Kelley, Lilia

Street Address (P.O. Box Number is Not Acceptable)
3455 N.W. 54 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, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
Blank, Tony
9350 S. Dixey Hwy Ste. 900
Miami, Florida 33156

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
Blank, Mark
9350 S. Dixie Hwy Ste. 900
Miami, Florida 33156

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
Blank, Andrew
3455 N.W. 54 Street
Miami, Florida 33142

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
Kelley, Lilia
3455 N.W. 54 Street
Miami, Florida 33142

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPC
Blank, Jerome
3455 N.W. 54 Street
Miami, Florida 33142

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

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Attachment
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