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

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

1. Entity Na	JMENT # N24172 ^{ame} Blank Family Fo	undation, I	ñε.	/	05-10-2002 900	09 025 ****61.25		
	DO NOT WRITE	IN THIS S	PACE		บบบ	ឋ្ស្រស្ត		
2. Principal	Place of Business	3. Mailing Address	<u> </u>					
Suite, Ap	ot. #, etc.	3455 N.W. Suite, Apr. #, etc.	54 Str	eet	DO NOT WRITE IN TH	IIS SPACE		
City & Sta	ale	City & State			4. FEI Number	Applied Fer		
Zip	Country	Miami, Flo	Country		65-0060771	Not Applicable		
	,	33142	USA		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
			<u> </u>		7. Name and Address of Current Registe			
	DO NOT WI		Nam K 6 Stree 3	elley,	Lilia O. Box Number is Not Acceptable) W. 54 Street			
			City	iami		L Zip Code 3 3 1 4 2		
8. The above	e named entity submits this statement for t	he purpose of changing its	registered office	e or registere	d agent, or both in the State of Florida	- 33142		
Tax filing	Signaturo, typed or printed name of registered agent and proration is eligible to satisfy its intangible requirement and elects to do so.	January 1 - M After May	E Registered Agent signal lay 1: Fee is \$ 1, Fee is \$550 d: UBR is \$61,2 lle to Department	150.00 .00	10. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
11,	OFFICERS AND DI	RECTORS						
TITLE NAME STREET ADDRESS CITY+ST-ZIP	DV Blank, Tony 9350 S. Dixey Hw Miami, Florida 3	y Ste. 900 3156	TITLE NAME STREET ADDRES CITY-ST-ZIP	S				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Blank, Mark 9350 S. Dixie Hw Miami, Florida 3	y Ste. 900	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5				
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THE AME TREET ADDRESS ITY - ST- ZIP	DPC Blank, Jerome 3455 N.W. 54 Str Miami, Florida 3	eet	TITLE NAME STREET ADDRESS CITY-ST-ZIP					
ITLE AME TREET ADDRESS TY-ST-ZIP	Official size inf		TITLE NAME STREET ADDRESS CITY-ST-ZIP		on 119.07(3)(i), Florida Statutes, I further ce			

empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an empowered. of the corporation or the receiver or trustee e attachment with an address, with all other like

SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone ∉

FOR PROFIT CORPORATION

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

SIGNATURE:

Machinent

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-	UMENT# N24172		<u> </u>			000	, 00 -	•
1. Entity Na	ame Blank Family F	oundation.	Inc.					
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	DO NOT WRITE	IN THIS	SPACE					
2. Principal	Place of Business	3. Mailing Address	5/ 5:					
Suite, Apt. #. etc.		3455 N.W. 54 Street Suite, Apt. #, etc.		eet	DO NOT WRITE IN THIS SPACE			
City & Sta	ate	City & State		4	. FEI Number			Applied For
Zip	Course		lorida		65-006077	1		Not Applicat
2.10	Country	33142	Country	5.	Certificate of Status E	Desired [\$8	.75 Additional Required
	*	13142	USA	7. 1	Name and Address of	Current Regi		
			Nan K		· · · · · · · · · · · · · · · · · · ·			
	DO NOT W	KIIE	Stre	et Address (P.O.	Box Number is Not Ac	ceptable)		
	IN THIS SP	ACE	3	435 N.W	. 54 Stree	e t		
			M.	iami		•	FL 3	Zip Code 3 1 4 2
UZMA HIDE								
SIGNATURE .	Signature, trace or commerce parts of registered agent or	nd allo al applicable (A.	OTE Fegistared Agent sk	hause required when	cinstating)	c	ATE	
		January 1 -	May 18Fee is \$	150.00	roinstating)	C	ATE	
• This corpo	oration is eligible to satisfy its Intangible requirement and elects to do so.	January 1 -	May 1 Fee is \$	150.00 00	10. Election Camp	aign Financing	; _	\$5.00 May Be
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