

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

DOCUMENT # N24172

1. Entity Name

Blank Family Foundation, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3455 NW 54th Street

Suite, Apt. #, etc.

3. Mailing Address  
3455 NW 54th Street

Suite, Apt. #, etc.

City & State  
Miami, FL

City & State  
Miami, FL

Zip

33142

Country

USA

Zip

33142

Country

USA

4. FEI Number 650060771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Robert Fischer

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

Robert Fischer

1/08/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25  
Initial or Amended UBR

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D/B  
Andrew Blank  
3455 NW 54th Street, Miami, FL 33142

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D/V  
Martin Gallant  
3455 NW 54th Street, Miami, FL 33142

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D/P  
Jerome Blank  
3455 NW 54th Street, Miami, FL 33142

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

S/T  
Robert Fischer  
3455 NW 54th Street, Miami, FL 33142

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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01/15/03--01064--001 \*\*61.25

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Andrew Blank

1/ /03

(305) 633-8587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)