

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

03-20-2001 90019 039 ****70.00

DOCUMENT # N40244

1. Entity Name

THE BURTON AND HARRJET PALTER FOUNDATION, INC.

Principal Place of Business

Mailing Address

~~2800 PONCE DE LEON BLVD~~
~~1125~~
~~CORAL GABLES FL 33134~~
~~US~~

~~2800 PONCE DE LEON BLVD~~
~~1125~~
~~CORAL GABLES FL 33134~~
~~US~~

2. Principal Place of Business

Mr. Burton Palter

Suite, Apt. #, etc.

3. Mailing Address

2000 S.Ocean Boulevard

Suite, Apt. #, etc.

Apt. 507 South



DO NOT WRITE IN THIS SPACE

City & State

City & State

Palm Beach, Florida

4. FEI Number

65-0220930

Applied For

Not Applicable

Zip

Country

Zip

Country

33480

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Mr. Burton Palter

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

2000 S. Ocean Boulevard

Apt. 507 South

City

Palm Beach

FL

Zip Code

33480

~~BREIER, ROBERT G.~~

**2000 SOUTH OCEAN BLVD. APT 507 SOUTH
 PALM BEACH FL 33480**

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

Burton Palter Pres.

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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TPD	<input type="checkbox"/> Delete
NAME	PALTER, BURTON	
STREET ADDRESS	2800 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	TSTD	<input type="checkbox"/> Delete
NAME	PALTER, HARRJET	
STREET ADDRESS	2800 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PALTER, DANIEL	
STREET ADDRESS	2800 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Burton Palter **BURTON D M PALTER - PRES**

3/17/01

5615887241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)