

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N50990**

1. Entity Name

**MANNY BANKHALTER FOUNDATION, INC.****FILED****Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90101 020 \*\*\*\*61.25

Principal Place of Business

1150-96 STREET., STE 400  
BAY HARBOR ISLAND FL 33154-2046  
US

Mailing Address

1150-96 STREET., STE 400  
BAY HARBOR ISLAND FL 33154  
US

004001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

65-0367639

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SALVER, PAUL  
5881 N.W. 151 ST.  
SUITE #101  
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 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 ☐ Delete  
NAME **D**  
STREET ADDRESS **BANKHALTER, ALAN**  
CITY-STATE-ZIP **19 MARGARET AVE**  
**LAWRENCE NY 11559**TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SALVER, ISAAC**  
CITY-STATE-ZIP **1150-96 STREET., STE 400**  
**BAY HARBOR ISLAND FL 33154-2046**TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **WERTENTEIL, SAMUEL**  
CITY-STATE-ZIP **3486 BEDFORD AVE.**  
**BROOKLYN NY 11056**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/13/00

Daytime Phone # 305-864-7038