

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90074 043 \*\*\*\*61.25

DOCUMENT # N50990

1. Entity Name

MANNY BANKHALTER FOUNDATION, INC.

Principal Place of Business

Mailing Address

1111 KANE CONCOURSE

SUITE 211

BAY HARBOR ISLANDS, FL 33154

SAME

2. Principal Place of Business

1111 KANE CONCOURSE

Suite, Apt. #, etc.

SUITE 211

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33154

Country

USA

Country

4. FEI Number

65-0367639

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00031808

6. Name and Address of Current Registered Agent

PAUL SALVER, ESQ

5881 NW 151 STREET 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 P, S, D ☐ Delete  
 NAME ISAAC SALVER  
 STREET ADDRESS 1111 - 96 STREET SUITE 211  
 CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154

TITLE V.P., D. ☐ Delete  
 NAME ALAN BANKHALTER  
 STREET ADDRESS 19 MARGARET AVENUE  
 CITY-ST-ZIP LAWRENCE, NY 11559

TITLE T.D. ☐ Delete  
 NAME SAMUEL WERTENTIEL  
 STREET ADDRESS 915 E. 17 STREET  
 CITY-ST-ZIP BROOKLYN, NY 11230

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

ISAAC SALVER

2-20-01

305-864-7888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)