

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90053 002 \*\*\*\*61.25

**DOCUMENT # N93000001040**

1. Entity Name

**THE HOWARD GREENFIELD FOUNDATION, INC.**



Principal Place of Business

**5920 SOUTHWEST 36TH TERRACE  
FORT LAUDERDALE FL 33312**

Mailing Address

**5920 SOUTHWEST 36TH TERRACE  
FORT LAUDERDALE FL 33312**

2. Principal Place of Business

**5920 S.W. 36TH TERR. FT. LAUD**

3. Mailing Address

**FL 33312**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FT. LAUDERDALE, FLORIDA**

City & State

**FT. LAUDERDALE, FLORIDA**

4. FEI Number **65-0406371**

Applied For

Not Applicable

Zip

Country

**33312**

**U.S.A.**

Zip

Country

**33312**

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ATRIUM REGISTERED AGENTS INC.  
1500 SAN REMO AVENUE  
SUITE 125  
CORAL GABLES FL 33146**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **GREENFIELD, HOWARD**  
STREET ADDRESS **5920 SOUTHWEST 36TH TERRACE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **D** ☐ Delete  
NAME **REEVES, MARGARET**  
STREET ADDRESS **20936 BAY COURT SUITE 322**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33180**

TITLE **D** ☐ Delete  
NAME **COMBS, WESLEY**  
STREET ADDRESS **3815 CALVERT STREET NORTHWEST**  
CITY-ST-ZIP **WASHINGTON DC 20007**

TITLE **D** ☐ Delete  
NAME **KHANER, NEIL**  
STREET ADDRESS **4 WEST 39TH STREET**  
CITY-ST-ZIP **BALTIMORE MD 21218**

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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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:

*[Signature]*

**HOWARD GREENFIELD 1/4/03 954-987-9118**

CR2E037 (10/02)