

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000397

1. Entity Name

HALPERIN FOUNDATION, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90062 029 \*\*\*\*61.25

Principal Place of Business

2500 MILITARY TRAIL NORTH  
SUITE 225  
BOCA RATON FL 33431

Mailing Address

2500 MILITARY TRAIL NORTH  
SUITE 225  
BOCA RATON FL 33431-6392

2. Principal Place of Business

3. Mailing Address

17890 DEANVILLE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1500

City & State

BOCA RATON FL.

Zip

Country

Zip

Country

33496

PALM BEACH

4. FEI Number

06-0972195

Applied For

Not Applicable

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

CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS ST  
TALLAHASSEE FL 32301

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME HALPERIN, MAURICE  
STREET ADDRESS 2500 MILITARY TRAIL NORTH., SUITE 225  
CITY-ST-ZIP BOCA RATON FL 33431

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

TITLE VD  
NAME HALPERIN, BARRY  
STREET ADDRESS 2500 MILITARY TRAIL NORTH., SUITE 225  
CITY-ST-ZIP BOCA RATON FL 33431

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

TITLE SDT  
NAME MINKIN, CAROL  
STREET ADDRESS 2500 MILITARY TRAIL NORTH., SUITE 225  
CITY-ST-ZIP BOCA RATON FL 33431

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-6-2000 (561) 997-2338

CR2E037 (9/99)