

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90165 046 \*\*\*\*61.25

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 1940000000397  
**1. Entity Name**  
 HALPERIN FOUNDATION, INC.

**DO NOT WRITE IN THIS SPACE**

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<b>2. Principal Place of Business</b> 2500 MILITARY TRAIL N.		<b>3. Mailing Address</b> 17890 DEAUVILLE LANE	
Suite, Apt. #, etc. SUITE 225		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33431	Country USA	Zip 33496	Country USA
<b>4. FEI Number</b> 06-0972125		<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

<b>7. Name and Address of Current Registered Agent</b>	
Name CORPORATION INFORMATION SERVICES, INC.	
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET	
City TALLAHASSEE	Zip Code FL 32391

**DO NOT WRITE  
IN THIS SPACE**

**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

**9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.**  
 (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**  
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	PD - T BARRY HALPERIN - T 500 SOUTHEAST 5TH AVE PH501 BOCA RATON, FL 33432	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	SDT - T CAROL MINKIN - T 500 SOUTHEAST 5TH AVE PH501 BOCA RATON, FL 33432	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	T BONNIE HALPERIN - T 500 S.E. 5TH AVE - PH5.01 BOCA RATON, FL 33432	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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**13. 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 607, Florida Statutes; and that my name appears in Block 11 or as an attachment with an address, with all other like empowered.**

**SIGNATURE:** Barry Halperin **PRESIDENT**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02

Date

Daytime Phone #

CR2E034B (12/01)