FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR -7 AM 9:22

DOCUMENT # N94000000397

1. Entity Name

HALPERIN FOUNDATION, INC.

2004

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03-04

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
2500 MILITARY TRAIL N., SUITE 225	500 SOUTHEAST 5TH AVE., PH01	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL	4. FEI Number: 06-0972125 ☐ Applied For ☐ Not Applicable
Zip: 33431 Country: USA	Zip: 33432 Country: USA	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CORPORATION INFORMATION SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

City: TALLAHASSEE FL Zip Code: 32301

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting)

U00000102066
04Apr07-00029-003 150.00

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 $300.00
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

TITLE	PD
NAME	HALPERIN, BARRY
STREET ADDRESS	500 SOUTHEAST 5TH AVE., PH01
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	PD
NAME	MINKIN, CAROL
STREET ADDRESS	500 SOUTHEAST 5TH AVE., PH01
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Barry Halperin 3/9/04

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

CR2E084B (12/01)