

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90034 043 ****61.25

DOCUMENT # N94000003945

1. Entity Name

FOUNDATION FOR NEW OPPORTUNITIES, INC.

Principal Place of Business
Foundation For Learning
6500 W. Sunrise Blvd.
Plantation, FL 33313

SS
 CITY DR.
 33324



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0509998**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RAMOS, CONSTANCE
1357 S. UNIVERSITY DR.
PLANTATION FL 33324

Ramos, Constance
6500 W. Sunrise Blvd.
Plant., FL 33313

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 **Constance Ramos**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Constance Ramos

1/9/02

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 **VD** ☒ Delete
 NAME **HEFFERMAN, SARAH**
 STREET ADDRESS **1680 SW 27TH AVE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ Change ☒ Addition
 NAME **Richard Block**
 STREET ADDRESS **10018 Winding Lake Rd.**
 CITY-ST-ZIP **Sunrise, Fl. 33351 Apt 103**

TITLE **TD** ☐ Delete
 NAME **RIOS, FLORI**
 STREET ADDRESS **2834 NORTH WEST 55TH AVE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33313**

TITLE ☐ Change ☒ Addition
 NAME **Robin Terrill**
 STREET ADDRESS **4240 S.W. 20 St.**
 CITY-ST-ZIP **Ft. Laud., Fl. 33317**

TITLE **SD** ☐ Delete
 NAME **PARANZINO, VICTORIA**
 STREET ADDRESS **2700 SW 17TH ST**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ Change ☒ Addition
 NAME **Jeffrey Seligman**
 STREET ADDRESS **9261 N.W. 25 St.**
 CITY-ST-ZIP **Sunrise, Fl. 33322**

TITLE **D** ☐ Delete
 NAME **ALLER, SAM**
 STREET ADDRESS **9778 NICHOLS BLVD #501**
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE ☐ Change ☒ Addition
 NAME **Tom Bilello**
 STREET ADDRESS **2300 Madison St., Apt. 106**
 CITY-ST-ZIP **Hollywood, Fl. 33020**

TITLE **D** ☒ Delete
 NAME **MARGANOFF, EDITH**
 STREET ADDRESS **2750 SUNRISE LAKES DRIVE WEST**
 CITY-ST-ZIP **SUNRISE FL 33322**

TITLE ☐ Change ☒ Addition
 NAME **Eyal Aviani**
 STREET ADDRESS **3401 Emerald Pointe Dr. Apt. 202A**
 CITY-ST-ZIP **Hollywood, Fl. 33021**

TITLE **PD** ☐ Delete
 NAME **BLOCK, SOL**
 STREET ADDRESS **4964 NW 48 AVE**
 CITY-ST-ZIP **TAMARAC FL 33319**

TITLE ☐ Change ☒ Addition
 NAME **Albert Flapan**
 STREET ADDRESS **4460 N.W. 72 Ave.**
 CITY-ST-ZIP **Lauderhill, Fl. 33319**

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: **SOL BLOCK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/09/02 (954) 424-3228

Date

Daytime Phone #

CR2E037 (9/01)

Attachment

N94000003945
718457

WE'VE MOVED!!

**FOUNDATION FOR LEARNING
6500 WEST SUNRISE BLVD.
PLANTATION, FL 33313-6037**

**PLEASE AMEND YOUR RECORDS
WITH THE NEW ADDRESS.**
