

2001 UNIFORM BUSINESS STATEMENT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90011 004 ***61.25

00021

DOCUMENT # N94000005092

1. Entity Name

BARRY & JUDY SILVERMAN FOUNDATION, INC.

Principal Place of Business

**2800 PONCE DE LEON BLVD
 SUITE 1125
 CORAL GABLES FL 33134
 US**

Mailing Address

**2800 PONCE DE LEON BLVD
 SUITE 1125
 CORAL GABLES FL 33134
 US**

LU037047



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

65-0526279

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

**BREIER, ROBERT G ESQ
 2800 PONCE DE LEON BOULEVARD
 SUITE 1125
 CORAL GABLES FL 33134**

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 NAME STREET ADDRESS CITY-ST-ZIP	DPC SILVERMAN, BARRY J <input type="checkbox"/> Delete 2800 PONCE DE LEON BLVD., #1125 CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SILVERMAN, JUDY <input type="checkbox"/> Delete 2800 PONCE DE LEON BLVD., #1125 CORAL GABLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SILVERMAN BIANCO, RONNI <input type="checkbox"/> Delete 2800 PONCE DE LEON BLVD., #1125 CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SILVERMAN, LAURIE K <input type="checkbox"/> Delete 2800 PONCE DE LEON BLVD., #1125 CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Barry Silverman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/01 305 705 0076

Date

Daytime Phone #

CR2E037 (10/00)