2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9400005124

SOUTH FLORIDA ALUMNI ASSOCIATION OF STUYVESANT H IGH SCHOOL, INC.



FILED

Secretary of State

03-06-2003 90131 016 ****61.25

Mar 06, 2003 8:00 am

Principal Place of Business Mailing Address 10346 UTOPIA CIRCLE NORTH P O BOX 742042 T003553B **BOYNTON BEACH FL 33437** BOYNTON BEACH FL 33474 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0529082 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent BENJAMIN, IVAN S. Street Address (P.O. Box Number is Not Acceptable) 629 SW FIRST AVE FT LAUDERDALE FL 33301 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DT TITLE ☐ Delete TITLE ☐ Change Addition MILLER, STEPHEN C LEWIS JIM SEIDEN NAME NAME STREET ADDRESS 100 WORTH AVE #306 STREET ADDRESS 7545 ISLAND BREEZE TERR CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP BOYATON BEACH IL 33437 D/VP TITLE ☐ Delete TITLE ☐ Change **Addition** LANG, IRVING M THOMAS G. VINCI NAME NAME STREET ADDRESS 5147 NW 24 WAY STREET ADDRESS 700 S OCEAN BLUD CITY-ST-ZIP BOCA RATON-FL-33496 CITY-ST-ZIP.-BUCA RATON FU-37437 DP ☐ Delete Change Addition ARNOLD J. ROTHSTEIN LEVINE, HENRY NAME STREET ADDRESS 7886 MANOR FOREST BLVD STREET ADDRESS 625 RIYERSIDE ROAD CITY-ST-ZIP **BOYNTON BEACH FL 33436** CITY-ST-ZIP N PALM BEACH FL 33408 TITLE ☐ Delete TITLE Change ☐ Addition NAME MOSKOWITZ, LESTER NAME STREET ADDRESS 10346 UTOPIA CIRCLE NORTH STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33437** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME COHN, DAVID NAME STREET ADDRESS 12880 BONEVENTURE DRIVE STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33437** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME **BAYLIN, GERALD** NAME STREET ADDRESS 2000 ISLAND BLVD #904 STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33160** CITY-ST-ZIP

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:

3/4/03

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