

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90550 024 ****70.00

DOCUMENT # N94000006314

1. Entity Name

BRAMAN FAMILY FOUNDATION, INC.



Principal Place of Business

**2060 BISCAYNE BLVD
SECOND FLOOR
MIAMI FL 33137
US**

Mailing Address

**2060 BISCAYNE BLVD
SECOND FLOOR
MIAMI FL 33137
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0542566**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRIEGER, STANLEY J
2060 BISCAYNE BOULEVARD
SECOND FLOOR
MIAMI FL 33137**

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	<input type="checkbox"/> Delete	BRAMAN, NORMAN		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	1 INDIAN CREEK ISLAND						
	MIAMI BEACH FL						
	D	<input type="checkbox"/> Delete	BRAMAN, IRMA		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	1 INDIAN CREEK ISLAND						
	MIAMI BEACH FL						
	D	<input type="checkbox"/> Delete	LUSTGARTEN, SUSAN B		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	418 HILLBROOK RD						
	BRYN MAWR PA 19010						
	D	<input type="checkbox"/> Delete	SHACK, DEBRA B		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	250 LEUCADENDRA DR.						
	MIAMI FL 33156						
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<input type="checkbox"/> Delete				<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:

SIGNATURE REQUIRED

1/22/03

CR2E037 (10/02)