

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000006052

1. Entity Name

BESNER FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

19707 NE 36 COURT APT PH-F
APT. PHF
AVENTURA FL 33180
US

19707 NE 36 COURT APT PH-F
APT. PHF
AVENTURA FL 33180
US

2. Principal Place of Business

3. Mailing Address

21050 NE 38TH AVE.

21050 NE 38TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. # 402

APT. # 402

City & State

City & State

AVENTURA FL

AVENTURA FL

Zip

Country

Zip

Country

33180

U.S.A.

33180

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BESNER, JOANNE
19707 NE 36TH CT - PHF
AVENTURA FL 33180

Name

BESNER, JOANNE

Street Address (P.O. Box Number is Not Acceptable)

21050 NE 38TH AVE. APT. # 402

City

AVENTURA, FL

FL

Zip Code

33180

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 PD ☐ Delete
NAME BESNER, STANLEY
STREET ADDRESS 19707 NE 36 COURT APT PH-F
CITY-ST-ZIP AVENTURA FL

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 21050 NE 38TH AVE. APT # 402
CITY-ST-ZIP AVENTURA, FL

TITLE VSTD ☐ Delete
NAME BESNER, JOANNE A
STREET ADDRESS 19707 NE 36 COURT APT PH-F
CITY-ST-ZIP AVENTURA FL

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 21050 NE 38TH AVE. APT # 402
CITY-ST-ZIP AVENTURA, FL

TITLE D ☐ Delete
NAME BESNER, BRAD N
STREET ADDRESS 10433 SOUTH LAKE VISTA CIRCLE
CITY-ST-ZIP DAVIE FL 33328

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME COHEN, BRANDY
STREET ADDRESS 10303 SW 26TH ST
CITY-ST-ZIP DAVIE FL 33324

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 and typed or printed name of signing officer or director

4/08/02

305-932-5001

Date

Daytime Phone #

CR2E037 (9/01)

UBR/3521

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90154 023 ****61.25



DO NOT WRITE IN THIS SPACE