

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90243 041 ****61.25

DOCUMENT # N96000002222

1. Entity Name
FLORMAN FAMILY FOUNDATION, INC.



Principal Place of Business
**9350 S DIXIE HIGHWAY
SUITE 900
MIAMI FL 33156**

Mailing Address
**9350 S DIXIE HIGHWAY
SUITE 900
MIAMI FL 33156**

2. Principal Place of Business
1172 S. Dixie Highway

3. Mailing Address
1172 S. Dixie Highway

Suite, Apt. #, etc.
Suite 497

Suite, Apt. #, etc.
Suite 497

City & State
Coral Gables, Florida

City & State
Coral Gables, Florida

Zip
33146

Country
USA

Zip
33146

Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0662182**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PUCK, ROBERT J
450 E LAS OLAS BLVD
STE 900
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name
PUCK, ROBERT J

Street Address (P.O. Box Number is Not Acceptable)
401 East Las Olas Boulevard, #2200

City
Ft. Lauderdale

State
FL

Zip Code
33301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FLORMAN, NEIL 12957 SW 67 LANE MIAMI FL 33183 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PUCK, ROBERT J 450 E LAS OLAS BLVD STE 900 FORT LAUDERDALE FL 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BLANK, MARK 9350 S DIXIE HIGHWAY STE 900 MIAMI FL 33156 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARCIANO, SHELLEY 450 E LAS OLAS BLVD STE 900 FORT LAUDERDALE FL 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KING, SHEPARD 1221 BRICKELL AVE MIAMI FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 401 E Las Olas Blvd Ste 2200 Fort Lauderdale, FL 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1172 S. Dixie HWY, Ste 497 Coral Gables, FL 33146 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 360 SW 74 Terrace Plantation, FL 33317 |
| 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 |

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: *Shelley Marciano* **FOUR REQUIRED** **4-22-03 954-523-7771**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)