

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

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90168 012 \*\*\*\*61.25

**DOCUMENT # N96000002802**

1. Entity Name  
**HOLLUB FAMILY FOUNDATION, INC.**



Principal Place of Business  
**5780 SW 119 STREET  
MIAMI FL 33156-7819**

Mailing Address  
**5780 SW 119 STREET  
MIAMI FL 33156-7819**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

☐ CHECK HERE IF MAKING CHANGES  
4. FEI Number **65-0677206**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**M & W AGENTS, INC.  
9100 S DADELAND BLVD STE 1707  
MIAMI FL 33156-7819**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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  
Delete  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D **HOLLUB, MARVIN A  
5780 SW 119 STREET  
MIAMI FL 33156-7819**  
Delete  
D **HOLLUB, AMELIA E  
5780 SW 119 STREET  
MIAMI FL 33156-7819**  
Delete  
D **HOLLUB, HARRY M  
11011 SW 77 COURT  
MIAMI FL 33156-7819**  
Delete  
D **HOLLUB, HELENE  
7305 SW 152 TERRACE  
MIAMI FL 33157**  
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
Change Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **1/15/03** Daytime Phone # **305 665 4275**

CH2E037 (10/02)