

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90002 003 ****61.25

DOCUMENT # N96000003476

1. Entity Name

FINK FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

**10 EDGEWATER DR
 16C
 CORAL GABLES FL 33133
 US**

**10 EDGEWATER DR
 16C
 CORAL GABLES FL 33133
 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

31-1471329

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**M & W AGENTS, INC.
 2101 CORPORATE BLVD
 ST E107
 BOCA RATON FL 33431**

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.

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 ☐ Delete
 NAME **D FINK, RENEE**
 STREET ADDRESS **555 NE 34 STREET #2301**
 CITY-ST-ZIP **MIAMI FL 33156-7819**

TITLE ☒ Change ☐ Addition
 NAME **D FINK, RENEE**
 STREET ADDRESS **10 EDGEWATER DRIVE, APT. 16C**
 CITY-ST-ZIP **CORAL GABLES FL 33133**

TITLE ☐ Delete
 NAME **D FINK, KENNETH**
 STREET ADDRESS **555 NE 34 STREET #2301**
 CITY-ST-ZIP **MIAMI FL 33156-7819**

TITLE ☒ Change ☐ Addition
 NAME **D FINK, KENNETH**
 STREET ADDRESS **555 N.E. 34 STREET, APT. 2609**
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE ☐ Delete
 NAME **D FINK, JEFFREY**
 STREET ADDRESS **14218 SW 84 ST**
 CITY-ST-ZIP **MIAMI FL 33183**

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

TITLE ☐ Delete
 NAME **D FINK, BRIAN**
 STREET ADDRESS **2130 REGATTA AVE**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:

Renee Fink
RENEE FINK

4/19/02
 Date

Daytime Phone #

CR2E037 (9/01)