

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003985

1. Entity Name

BEN & ROSE FLEEMAN FAMILY FOUNDATION, INC.

Principal Place of Business

4200 BISCAYNE BOULEVARD  
MIAMI FL 33137

Mailing Address

4200 BISCAYNE BOULEVARD  
MIAMI FL 33137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0682793

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SELTZER, ROBERT A.  
ROSE, STEPHEN E  
4200 BISCAYNE BOULEVARD  
MIAMI FL 33137

Name

ROBERT A. SELTZER

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

4200 BISCAYNE BLVD

City

MIAMI

FL

Zip Code

33137

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 D ☐ Delete  
NAME KRAVITZ, STEVEN J  
STREET ADDRESS 4000 ISLAND BLVD. APT. 2506  
CITY-ST-ZIP WILLIAMS ISLAND FL 33160

TITLE D/S ☐ Change ☒ Addition  
NAME HERBERT EISENBERG  
STREET ADDRESS 4200 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI, FL 33137

TITLE D ☐ Delete  
NAME SCHWARTZ, MAXINE  
STREET ADDRESS 4280 N. HILLS DRIVE  
CITY-ST-ZIP HOLLYWOOD, FL 33021

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

TITLE D ☐ Delete  
NAME SOLOMON, JACOB  
STREET ADDRESS 4200 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL 33137

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

TITLE D ☒ Delete  
NAME ROSE, STEPHEN E  
STREET ADDRESS 4200 BISCAYNE BOULEVARD  
CITY-ST-ZIP MIAMI FL 33137

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

TITLE D ☐ Delete  
NAME FLEEMAN, DAVID B  
STREET ADDRESS 321 W. DILDO DRIVE  
CITY-ST-ZIP MIAMI BEACH FL 33139

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

TITLE D ☐ Delete  
NAME FLEEMAN, GREGORY G  
STREET ADDRESS 321 W. DILDO DRIVE  
CITY-ST-ZIP MIAMI BEACH FL 33139

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01

305-576-4000

Date

Daytime Phone #

CR2E037 (10/00)

00391