

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State
03-26-2002 90060 015 ****61.25

DOCUMENT # N97000003073

1. Entity Name

LITOWITZ FOUNDATION, INC.

Principal Place of Business

Mailing Address

**11401 BIRD RD., STE. 370
MIAMI FL 33165**

**11401 BIRD RD., STE. 370
MIAMI FL 33165**

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

65-0763609

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

**ANIELS, NICHOLAS M
ONE SE 3RD AVENUE
STE 2400
MIAMI FL 33131**

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	D	☐ Delete
NAME	LITOWITZ, ROBERT	
STREET ADDRESS	11401 BIRD RD., STE. 370	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	☐ Delete
NAME	LITOWITZ, DONNA M	
STREET ADDRESS	11401 BIRD RD., STE. 370	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	☐ Delete
NAME	LITOWITZ, BUDD	
STREET ADDRESS	11401 BIRD RD., STE. 370	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	☐ Delete
NAME	LITOWITZ, SUSAN	
STREET ADDRESS	11401 BIRD RD., STE. 370	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	☐ Delete
NAME	LITOWITZ, ARTHUR	
STREET ADDRESS	11401 BIRD RD., STE. 370	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Budd Litowitz, Director 3/14/02 305-552-5775

CR2E037 (9/01)