

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003507

Entity Name

ALBERT E. AND ESTHER G. KAUFMAN FOUNDATION, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90044 009 ****61.25

Principal Place of Business	Mailing Address
2861 NE 23RD STREET FORT LAUDERDALE FL 33305	2861 NE 23RD STREET FORT LAUDERDALE FL 33305-2805

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
65-0763952	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KAUFMAN, ESTHER G
2861 NE 23RD STREET
FORT LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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: _____ (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
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OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
D SHEKMAN, PHILIP 12515 N KENDALL DR 314 MIAMI FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHEKMAN ☐ Change ☐ Addition
D ZOHAN, MURRAY 6901 SW 147TH AVE BLDG 6 APT 2C MIAMI FL 33193	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
D GREENBERG, MICHAEL 14647 SW 18TH COURT DAVIE FL 33325	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
S KAUFMAN, ESTHER 2861 NE 23RD STREET FORT LAUDERDALE FL 33305	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Philip Shekman Date: 2/21/00 Daytime Phone #: 395-271-8555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)