

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000004764**

1. Entity Name

THE FABRIZE FOUNDATION, INC.**FILED****Apr 11, 2002 8:00 am**
Secretary of State

04-11-2002 90056 047 ****61.25

0095978

Principal Place of Business

Mailing Address

**711 CONCHSHELL MANOR
PLANTATION FL 33324****711 CONCHSHELL MANOR
PLANTATION FL 33324**

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

65-0778749

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

**BOHATCH, JOHN S
2600 DOUGLAS RD., PENTHOUSE 8
DOUGLAS CENTRE
CORAL GABLES FL 33134**

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 \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	FABRIZE, ROBERT O	711 CONCHSHELL MANOR PLANTATION FL 33324	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	FABRIZE, ROBERT O JR.	711 CONCHSHELL MANOR PLANTATION FL 33324	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	FABRIZE, RICARDO L	711 CONCHSHELL MANOR PLANTATION FL 33324	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Robert O Fabrice* ROBERT O FABRIZE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02

Date

854 474 3224

Daytime Phone #

CR2E037 (9/01)