

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90591 042 *****70.00

0040408

DOCUMENT # N97000006278

1. Entity Name

THE PPGM FOUNDATION, INC.

Principal Place of Business

**1699 S.W. 27 AVENUE
 SECOND FLOOR
 MIAMI FL 33145**

Mailing Address

**1699 S.W. 27 AVENUE
 SECOND FLOOR
 MIAMI FL 33145**

00016959



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

35-1591828

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

**INTRASTATE REGISTERED AGENT CORPORATION
 701 BRICKELL AVENUE
 SUITE 3000
 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/C** ☐ Delete
 NAME **SEABROOK, BRUCE**
 STREET ADDRESS **3564 ST GAUDENS RD**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **D/S** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** ☐ Delete
 NAME **NAPIER, LISA D**
 STREET ADDRESS **200 J BISCAYNE BLVD. #400**
 CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **D** ☒ Delete
 NAME **SHEHAN, JEAN D**
 STREET ADDRESS **7800 RED ROAD #224**
 CITY-ST-ZIP **SOUTH MIAMI FL 33143**

TITLE **D/C** ☐ Change ☒ Addition
 NAME **PAIGE A. HARPER**
 STREET ADDRESS **1688 WEST AVE #703**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **DS** ☒ Delete
 NAME **PRYOR JOHNSON, ELIZABETH**
 STREET ADDRESS **100 SE 2ND STREET, SUITE 1800**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D/C** ☐ Change ☒ Addition
 NAME **NANCY PASTROFF**
 STREET ADDRESS **10300 SUNSET DR #135**
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE **DC** ☐ Delete
 NAME **SWENSON, EDWARD F.**
 STREET ADDRESS **2665 S. BAYSHORE DR., #608**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **D** ☒ 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: Nancy Pastroff

SIGNATURE/AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/01 305-271-3774

Date

Daytime Phone #

CR2E037 (10/00)