

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90267 042 ****70.00

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

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 **35-1591828**

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

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 **DS** ☐ Delete
 NAME **SEABROOK, BRUCE**
 STREET ADDRESS **3564 ST GAUDENS RD**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1699 S.W. 27 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33145**

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 **1699 S.W. 27 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33145**

TITLE **DVC** ☐ Delete
 NAME **HARPER, PAIGE A**
 STREET ADDRESS **1688 WEST AVENUE # 703**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **1699 SW 27 AVENUE**
 CITY-ST-ZIP **MIAMI, FL 33145**

TITLE **DC** ☐ Delete
 NAME **PASTROFF, NANCY**
 STREET ADDRESS **10300 SUNSET DRIVE # 135**
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1699 S.W. 27 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33145**

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

TITLE ☐ Change ☒ Addition
 NAME **DVC**
 STREET ADDRESS **GIBBS, W. TUCKER**
 CITY-ST-ZIP **1699 S.W. 27 AVENUE**
MIAMI FLORIDA 33145

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 G. Pastroff* **NANCY G. PASTROFF** 2/7/02 305-271-3774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)