

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90162 026 \*\*\*\*70.00

**DOCUMENT # N97000006380**

1. Entity Name

**THE FREDRIC FENSTERMACHER FOUNDATION, INC.**

Principal Place of Business

Mailing Address

210 W RIVO ALTO DR  
 MIAMI BEACH FL 33139

210 W RIVO ALTO DR  
 MIAMI BEACH FL 33139-1258

2. Principal Place of Business

3. Mailing Address

**6444 ALLISON RD**

**6444 ALLISON RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**MIAMI BEACH, FL**

City & State  
**MIAMI BEACH, FL**

4. FEI Number

**65-0799664**

Applied For

Not Applicable

Zip  
**33141**

Country  
**DADE**

Zip  
**33141**

Country  
**DADE**

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

**FENSTERMACHER, FREDRIC**  
**210 W RIVO ALTO DR**  
**MIAMI BEACH FL 33139**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**6444 ALLISON RD**

City  
**MIAMI BEACH**

FL

Zip Code  
**33141**

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  **FREDRIC FENSTERMACHER, PRESIDENT**

**1/10/00**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FENSTERMACHER, FREDRIC</b> <b>210 W RIVO ALTO DR</b> <b>MIAMI BEACH FL 33139</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSON, ELSA C</b> <b>1900 GLADES RD</b> <b>BOCA RATON FL 33431</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRIEDMAN, DON</b> <b>1733 CORAL GARDENS DR</b> <b>WILTON MANORS FL 33334</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6444 ALLISON RD</b> <b>MIAMI BEACH, FL 33141</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1900 NW CORP BLVD - WEST BLDG. #200</b> <b>BOCA RATON, FL 33431</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **FREDRIC FENSTERMACHER, PRESIDENT** 1/10/00 **305 868-7600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)