

DOCUMENT # N98000003731

1. Entity Name  
**THE DR. JOSEPH S. LEVY AND CAROLE R. LEVY-FGAMIL- *FAMILY FOUNDATION, INC***

Principal Place of Business      Mailing Address  
**21013 N.E. 38TH AVENUE      21013 N.E. 38TH AVENUE**  
**AVENTURA FL 33180      AVENTURA FL 33180**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90140 022 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0871713**      Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DONOFF, CRAIG**  
**18305 BISCAYNE BLVD.**  
**SUITE 300**  
**AVENTURA FL 33160**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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  
TITLE      **D**      ☐ Delete  
NAME      **LEVY, JOSEPH S DR.**  
STREET ADDRESS      **21013 N.E. 38TH AVENUE**  
CITY-ST-ZIP      **AVENTURA FL 33180**  
TITLE      **D**      ☐ Delete  
NAME      **LEVY, CAROLE R**  
STREET ADDRESS      **21013 N.E. 38TH AVENUE**  
CITY-ST-ZIP      **AVENTURA FL 33180**  
TITLE      **D**      ☐ Delete  
NAME      **LEVY, SION**  
STREET ADDRESS      **21013 N.E. 38TH AVENUE**  
CITY-ST-ZIP      **AVENTURA FL 33180**  
TITLE           ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE           ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE           ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE      ☐ Change      ☐ Addition  
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: **SIGNATURE REQUIRED**      **1/4/2001**      **305-935-6215**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)