

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004747

1. Entity Name

THE PAUL ABRAMS ENDOWMENT PROJECT, INC.

FILED

May 26, 2000 8:00 am
Secretary of State

05-26-2000 90074 036 ****61.25

Principal Place of Business

Mailing Address

2587 NORTHEAST 182ND TERRACE
NORTH MIAMI BEACH FL 33180

2587 NORTHEAST 182ND TERRACE
NORTH MIAMI BEACH FL 33160-2022

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0857633

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

BALOG, ANDREW E
C/O GREENBERG TRAUIG, P.A.
1221 BRICKELL AVENUE
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 ☐ Delete
NAME WILLIAMS, IFE
STREET ADDRESS 3251 S. MIAMI AVENUE
CITY-ST-ZIP MIAMI FL 33129

TITLE D ☐ Change ☒ Addition
NAME Maria Mennes
STREET ADDRESS 1500 Biscayne Blvd.
CITY-ST-ZIP Miami, FL 33132

TITLE D ☐ Delete
NAME MERREN, STACEY
STREET ADDRESS 840 WREN AVENUE
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE D ☐ Change ☒ Addition
NAME JOY KING
STREET ADDRESS 11500 Griffing Blvd.
CITY-ST-ZIP Biscayne Park, FL 33161

TITLE PD ☐ Delete
NAME KOFISKY, GALE
STREET ADDRESS 2587 N.E. 182 TERRACE
CITY-ST-ZIP N. MIAMI BEACH FL 33160

TITLE D ☐ Change ☒ Addition
NAME Aderon Netherton
STREET ADDRESS 2587 N.E. 182 TERRACE
CITY-ST-ZIP N. MIAMI Bch, FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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

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: Gale Kofsky, President 5/5/00 305-687-6565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)