

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2001 8:00 am
Secretary of State

08-15-2001 90005 004 ****61.25

0041989

DOCUMENT # N98000004747

1. Entity Name

THE PAUL ABRAMS ENDOWMENT PROJECT, INC.

(18)

Principal Place of Business

Mailing Address

2587 NORTHEAST 182ND TERRACE
 NORTH MIAMI BEACH FL 33180

2587 NORTHEAST 182ND TERRACE
 NORTH MIAMI BEACH FL 33180

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

65-0857633

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BALOG, ANDREW E
C/O GREENBERG TRAUIG, P.A.
1221 BRICKELL AVENUE
MIAMI FL 33131

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 ☐ Delete
 NAME **D WILLIAMS, IFE**
 STREET ADDRESS **3251 S. MIAMI AVENUE**
 CITY-ST-ZIP **MIAMI FL 33129**

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

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

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

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

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

TITLE ☐ Delete
 NAME **D MENNES, MARIA**
 STREET ADDRESS **1500 BISCAYNE BLVD**
 CITY-ST-ZIP **MIAMI FL 33132**

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

TITLE ☐ Delete
 NAME **D KING, JOY**
 STREET ADDRESS **11500 GRIFFING BLVD**
 CITY-ST-ZIP **BISCAYNE PARK FL 33161**

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

TITLE ☐ Delete
 NAME **D NETHERTON, ADERON**
 STREET ADDRESS **2587 NE 182 TERRACE**
 CITY-ST-ZIP **N MIAMI BEACH FL 33160**

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: **PRESIDENT**
GALE KOFISKY, 7/31/01 305-687-6565 ext

CR2E037 (10/00)