

# 2002 UNIFORM BUSINESS REPORT (UBR)

0000256

DOCUMENT # N98000004747

1. Entity Name

THE PAUL ABRAMS ENDOWMENT PROJECT, INC.

Principal Place of Business

2587 NORTHEAST 182ND TERRACE  
NORTH MIAMI BEACH FL 33180

Mailing Address

2587 NORTHEAST 182ND TERRACE  
NORTH MIAMI BEACH FL 33180

FILED

02 OCT 31 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
000008724730  
10/31/02--01045--018 \*\*\$1.25



DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
min. will be \$236.25.

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 ☐ Change ☒ Addition  
NAME Martimer Hechavarria  
STREET ADDRESS 7891 W. Flagler St. #168  
CITY-ST-ZIP Miami, FL 33141

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

TITLE ☐ Change ☒ Addition  
NAME Director - Child Programs

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

TITLE ☐ Change ☒ Addition  
NAME Ray Azcuy, Director  
STREET ADDRESS 1500 Biscayne Blvd.  
CITY-ST-ZIP Miami, FL 33132

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

TITLE ☐ Change ☒ Addition  
NAME COLLIN Kelly, Director  
STREET ADDRESS 561 N.W. 32 St.  
CITY-ST-ZIP Miami, FL 33127

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

CR2E037 (4/02)

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 KOFKY, President 10/25/02 305-487-6565

PAUL ABRAMS ENDOWMENT PROJECT, INC.  
2587 N.E. 182 Street  
North Miami Beach, Florida 33160

October 25, 2002

Florida Department of State  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

To Whom it May Concern,

Please accept my apology for not meeting the deadline for filing the 2002 Corporation Annual Report/Uniform Business Report form as required by law.

Since, November 2001, I have been serving as the President of the Bakehouse Art Complex due to the firing of their past director. There were many local and state reports that were not current. Unfortunately, this has been the focus of my responsibilities as the current president.

Due to the additional responsibilities, my foundation, the Paul Abrams Endowment Project, Inc. has undergone a reorganization of staff. I apologize for not being in compliance and do not want to loose my current status as a non-profit corporation in good standing. We are a small organization and funds are used exclusively for programming, there are no paid staff members

Therefore, I kindly request that my check for \$61.25 be accepted. If additional information is needed, please contact me at (305) 687-6565 x 151 or by e-mail at [g\\_kofsky@bakehouseartcomplex.org](mailto:g_kofsky@bakehouseartcomplex.org). Again, thank you for your understanding and patience.

Sincerely yours,

  
Dr. Gale Kofsky, President

Paul Abrams Endowment Project, Inc.