

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000004747

FILED
Jan 04, 2003
Secretary of State

Entity Name: THE PAUL ABRAMS ENDOWMENT PROJECT, INC.

Current Principal Place of Business:

2587 NORTHEAST 182ND TERRACE
NORTH MIAMI BEACH, FL 33180

New Principal Place of Business:

Current Mailing Address:

2587 NORTHEAST 182ND TERRACE
NORTH MIAMI BEACH, FL 33180

New Mailing Address:

FEI Number: 65-0857633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, IFE
Address: 3251 S. MIAMI AVENUE
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: MERREN, STACEY
Address: 840 WREN AVENUE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: PD () Delete
Name: KOFSKY, GALE
Address: 2587 N.E. 182 TERRACE
City-St-Zip: N. MIAMI BEACH, FL 33160

Title: D () Delete
Name: HECHAVARRIA, MRTIMER
Address: 7891 W FLAGLER ST #168
City-St-Zip: MIAMI, FL 33141

Title: D () Delete
Name: AZCUY, RAY
Address: 11500 GRIFFING BLVD
City-St-Zip: BISCAYNE PARK, FL 33161

Title: D () Delete
Name: KELLEY, COLLEEN
Address: 561 NW 32 ST
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NEHANIV, NICHOLAS
Address: 561 NW 32 ST
City-St-Zip: MIAMI, FL 33127

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GALE KOFSKY

PD

01/04/2003

Electronic Signature of Signing Officer or Director

Date