2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 05, 2000 8:00 am
Secretary of State
05-18-2000 90389 027 ****61.25

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1. Entity Name

FRED AND YETTA KRUPNIK FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
SENATOR BUILDING SUITE 404 13899 BISCAYNE BLVD. MIAMI FL 33181	SENATOR BUILDING SUITE 404 13899 BISCAYNE BLVD. MIAMI FL 33181-1600

DO NOT WRITE IN THIS SPACE

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 65-0879680 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NOVACK, PAUL D
SENATOR BUILDING SUITE 404
13899 BISCAYNE BLVD.
MIAMI FL 33181

7. Name and Address of New Registered Agent

Name Same

Street Address (P.O. Box Number is Not Acceptable) 16900 NE 19 Ave

City North Miami Beach 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NOVACK, PAUL 13899 BISCAYNE BLVD #404 MIAMI FL 33181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD NOVACK, DENISE 13899 BISCAYNE BLVD #404 MIAMI FL 33181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KRUPNIK, VETTA 13899 BISCAYNE BLVD #404 MIAMI FL 33181	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lipson Stuart 13899 Biscayne Blvd	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lipson, Stuart 16900 NE 19 Ave N.M.B. Fla. 33160 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 5/1/00 305-947-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #