

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 30, 2002 8:00 am
Secretary of State

06-30-2002 90228 048 ****61.25

DOCUMENT # *N99000001159*

1. Entity Name *4747 CHARITY CORP.*

DO NOT WRITE IN THIS SPACE

B0126152

2. Principal Place of Business <i>4747 COLLINS AVE.</i>		3. Mailing Address <i>4747 COLLINS AVE.</i>	
Suite, Apt. #, etc. <i>211</i>		Suite, Apt. #, etc. <i>APT. 401</i>	
City & State <i>MIAMI BEACH, FL</i>		City & State <i>MIAMI BEACH, FL</i>	
Zip <i>33140</i>	Country	Zip <i>33140</i>	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>65-0896936</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <i>ALEXANDER KATZ</i>
Street Address (P.O. Box Number is Not Acceptable) <i>4747 COLLINS AVE.</i>
<i>APT 401</i>
City <i>MIAMI BEACH</i> FL Zip Code <i>33140</i>

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

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P/D</i> <i>ALEX WEISMAN</i> <i>4747 COLLINS AVE.</i> <i>MIAMI BEACH, FL 33140</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V/P/D</i> <i>ALEXANDER KATZ</i> <i>4747 COLLINS AVE.</i> <i>MIAMI BEACH, FL 33140</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S/T/D</i> <i>SAUL ROSENBERG</i> <i>4747 COLLINS AVE.</i> <i>MIAMI BEACH, FL 33140</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> <i>STANLEY KOPS</i> <i>4747 COLLINS AVE.</i> <i>MIAMI BEACH, FL 33140</i>
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CR2E037B (12/01)

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 on an attachment with an address, with or without like empowered.

SIGNATURE: *[Signature]*

ALEXANDER KATZ

6/18/2002

305-532-7948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #