

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000048726

1. Entity Name
FORMAN FOUNDATION, INC



FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90096 049 ***150.00

00833800
AV

10110433



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business 12630 YARDLEY DRIVE BOCA RATON FL 33428		Mailing Address 12630 YARDLEY DRIVE BOCA RATON FL 33428	
2. Principal Place of Business 11395-D Suite, Apt. #, etc. WEST PALMETTO PARK ROAD		3. Mailing Address Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State	
Zip 33428	Country PALM	Zip	Country
4. FEI Number 81-0557270		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORMAN, HAROLD 12630 YARDLEY DRIVE BOCA RATON FL 33428		7. Name and Address of New Registered Agent 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 		DATE	
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FORMAN, FIONA 12630 YARDLEY DRIVE BOCA RATON FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FORMAN, HAROLD 12630 YARDLEY DRIVE BOCA RATON FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (TITLE VP)	
Date		Daytime Phone #	

CR2E034 (4/03)

Attachment

CPA

BRUCE JAY REINGOLD, P.A.

9033 GLADES ROAD SUITE C
BOCA RATON, FLORIDA 33434
TELEPHONE 561-451-0866 • FACSIMILE 561-487-5691

10110495

July 23, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Re: ~~Forman Foundation, Inc~~
Doc # ~~PO2000048726~~
EIN# ~~81-0557270~~

To whom it may concern:

Enclosed please find our check in the amount of \$150.00, which represents the amount due for the annual renewal fee for the above client.

The taxpayer never received the first notice. The taxpayer has always paid any taxes due in a timely fashion and we are therefore, requesting that all penalties and interest be abated and you accept the enclosed check.

Thanking you in advance for your assistance and considerations in this matter, I remain,

Sincerely yours,


Bruce J. Reingold