

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90164 037 ****61.25

DOCUMENT # P29888

1. Entity Name

ARISE FOUNDATION, INC.

Principal Place of Business

**7370 NW 36TH ST
STE-#241
MIAMI FL 33166-6740**

Mailing Address

**4001 EDMUND F. BENSON BOULEVARD
MIAMI FL 33178-9384**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2744449**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BENSON, EDMUND
3533 ESTEPONA AVENUE
MIAMI FL 33178**

7. Name and Address of New Registered Agent

Name **BENSON, EDMUND**
Street Address (P.O. Box Number is Not Acceptable)
243 Honeysuckle Drive
City **Jupiter** **FL** Zip Code **33458**

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]

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

(NOTE: Registered Agent signature required when reinstating)

3/22/02

DATE

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BENSON, EDMUND	
STREET ADDRESS	3533 ESTEPONA AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BENSON, SUSAN	
STREET ADDRESS	3533 ESTEPONA AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOGNER, DR. ROBERT	
STREET ADDRESS	DEPT OF BUS ENV/FIU UNIV PARK	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, MELVIA B JUDGE	
STREET ADDRESS	2001 SW 117 AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEINBERG, IRA	
STREET ADDRESS	1836 E 38TH ST	
CITY-ST-ZIP	BROOKLYN NY 11234-4414	
TITLE	D	<input type="checkbox"/> Delete
NAME	BYRON, JANE	
STREET ADDRESS	315 WILSON LIBRARY CB #3447	
CITY-ST-ZIP	CHAPEL HILL NC 27599-3448	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, EDMUND	
STREET ADDRESS	243 Honeysuckle Drive	
CITY-ST-ZIP	Jupiter, FL 33458-2843	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, SUSAN	
STREET ADDRESS	243 Honeysuckle Drive	
CITY-ST-ZIP	Jupiter, FL 33458-2843	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/02

Date

305-592-7473

Daytime Phone #

CR2E037 (9/01)