

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90109 024 *****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

8725 NW 18th Terrace

3. Mailing Address

Suite, Apt. #, etc.

Suite #303

City & State

Miami, FL

City & State

Zip

33172

Country

USA

Country

4. FEI Number

59-2744449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BENSON, EDMUND
243 HONEYSUCKLE DR
JUPITER FL 33458**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **BENSON, EDMUND**
STREET ADDRESS **243 HONEYSUCKLE DR**
CITY-ST-ZIP **JUPITER FL 33458-2843**

TITLE **VSD** ☐ Delete
NAME **BENSON, EDMUND**
STREET ADDRESS **243 HONEYSUCKLE DR**
CITY-ST-ZIP **JUPITER FL 33458-2843**

TITLE **D** ☐ Delete
NAME **HOGNER, DR. ROBERT**
STREET ADDRESS **DEPT OF BUS ENV/FIU UNIV PARK**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
NAME **GREEN, MELVIA B JUDGE**
STREET ADDRESS **2001 SW 117 AVE**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **D** ☐ Delete
NAME **STEINBERG, IRA**
STREET ADDRESS **1836 E 38TH ST**
CITY-ST-ZIP **BROOKLYN NY 11234-4414**

TITLE **D** ☐ 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **Steinberg, Ira**
STREET ADDRESS **26 Fieldstone Drive #1A**
CITY-ST-ZIP **Hartsdale, NY 10530**

TITLE ☐ Change ☐ 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

9/2/03

305-592-7473

CR2E037 (4/03)