

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046468

1. Entity Name

FOUNDATION II, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90226 023 ***150.00

00050228



DO NOT WRITE IN THIS SPACE

Principal Place of Business 122 OLYMPUS WAY JUPITER FL 33477	Mailing Address 122 OLYMPUS WAY JUPITER FL 33477
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2. Principal Place of Business 3555 Northlake Boulevard Suite, Apt. #, etc.	3. Mailing Address 3555 Northlake Boulevard Suite, Apt. #, etc.
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City & State Palm Beach Gardens, Florida	City & State Palm Beach Gardens, Florida	4. FEI Number 65-0923346	Applied For Not Applicable
Zip 33403	Country US	Zip 33403	Country US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WAXMAN, BRIAN K ESQ.
122 OLYMPUS WAY
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name
Brian K. Waxman

Street Address (P.O. Box Number is Not Acceptable)
3555 Northlake Boulevard

City
Palm Beach Gardens, FL Zip Code
33403

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 Brian K. Waxman DATE 4/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAXMAN, BRIAN K ESQ. 122 OLYMPUS WAY JUPITER FL 33477 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P,S,T Brian K. Waxman 3555 Northlake Boulevard Palm BEach Gardens, Florida 33403 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brian K. Waxman DATE 4/26/01 DAYTIME PHONE # (561) 627-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)