

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90130 006 ***150.00

DOCUMENT # P99000046468

1. Entity Name
FOUNDATION II, INC.

Principal Place of Business
3555 NORTH LAKE BLVD.
PALM BEACH GARDENS FL 33403

Mailing Address
3555 NORTH LAKE BLVD.
PALM BEACH GARDENS FL 33403



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5601 Corporate Way
 Suite, Apt. #, etc.
Suite 404

3. Mailing Address
5601 Corporate Way
 Suite, Apt. #, etc.
Suite 404

City & State
West Palm Beach FL
Zip
33407
Country
US

City & State
West Palm Beach FL
Zip
33407
Country
US

4. FEI Number **65-0923346** **Applied For**
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WAXMAN, BRIAN K ESQ.
3555 NORTHLAKE BLVD.
PALM BEACH GARDENS FL 33403

7. Name and Address of New Registered Agent

Name
Waxman, Brian K.
Street Address (P.O. Box Number is Not Acceptable)
5601 Corporate Way
Suite 404
City **West Palm Beach** **FL** **Zip Code** **33407**

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)

DATE **4/29/02**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WAXMAN, BRIAN K ESQ. 3555 NORTHLAKE BLVD. PALM BEACH GARDENS FL 33403
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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Waxman, Brian K. Esq. 5601 Corporate Way Suite 404 West Palm Beach FL 33407
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
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: *[Signature]* **President** **4/29/02** **561-689-2380**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)