## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P99000046468

1. Entity Name

FOUNDATION II, INC.



04-25-2003 90290 014 \*\*\*150.00

**FILED** 

Apr 25, 2003 8:00 am Secretary of State

Principal Place of Business 5601 CORPORATE WAY SUITE 404 WEST PALM BEACH FL 33407			5601 Suite	Mailing Address 5601 CORPORATE WAY SUITE 404 WEST PALM BEACH FL 33407							
2. Principal Place of Business			3. Ma	3. Mailing Address					<b>                                    </b>		31101 ( <u>311 (33)</u>
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			<b>4.</b> F6	66-1923346			oplied For ot Applicable
Zip Country		Zip	Zip Country		/	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name	and Address of Curren	t Register	d Agent	.e. e		7. N	ame and Address of New Reg	istered A	gent	
					}	Name		,			Ì
Waxman, Brian K ESQ. 5601 Corporate Way				Street Ac			ss (P.O. Box Number is Not Acceptable)				
SUITE 404	,										
WEST PALM BEACH FL 33407						City			FL	Zip Cod	e
	jons of regist		or the purp	ose of changing its	registered	office or registe	ered age	nt, or both, in the State of Florid	la. I am fa	ımiliar with,	and accept
SIGNATURE _	<i>·</i>	or printed name of registered agen	it and title if app	oliceble. (NOTE	: Registered A	gent signature require	red when rein	stating)	DATE		<del></del>
	I E NOWII	! FEE IS \$150.00									
After	May 1, 200	3 Fee will be \$550.00					}	<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>	cing 🗆		May Be to Fees
After Make Check	May 1, 200	3 Fee will be \$550.00 Florida Department of	of State	ne.	1		100	Trust Fund Contribution.		Added	to Fees
After Make Check 10.	May 1, 200 Payable to	3 Fee will be \$550.00	of State		11.		ADD	, ,		Added	to Fees
After Make Check	May 1, 200 Payable to	3 Fee will be \$550.00 Florida Department of OFFICERS AND	of State	RS Delete	11. TITLE NAME		ADD	Trust Fund Contribution.		Added	to Fees
After Make Check  10.  TITLE NAME STREET ADDRESS	May 1, 200 Payable to DPST WAXMAN, 5601 CORF	3 Fee will be \$550.00 Florida Department of OFFICERS AND BRIAN K ESQ. PORATE WAY, STE 40	of State DIRECTO		TITLE NAME	ADDRESS	ADE	Trust Fund Contribution.		Added	to Fees
After Make Check  10.  TITLE NAME STREET ADDRESS	May 1, 200 Payable to DPST WAXMAN, 5601 CORF	3 Fee will be \$550.00 Florida Department of OFFICERS AND BRIAN K ESQ.	of State DIRECTO		TITLE NAME		ADD	Trust Fund Contribution.		Added	to Fees
After Make Check  10.  TITLE NAME STREET ADDRESS	DPST WAXMAN, 5601 CORI WEST PALI	3 Fee will be \$550.00 Florida Department of OFFICERS AND BRIAN K ESQ. PORATE WAY, STE 40	of State DIRECTO		TITLE NAME STREET		ADD	Trust Fund Contribution.	ERS AND	Added	to Fees
After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	May 1, 200 Payable to DPST WAXMAN, 5601 CORF	3 Fee will be \$550.00 Florida Department of OFFICERS AND BRIAN K ESQ. PORATE WAY, STE 40	of State DIRECTO	□ Delete	TITLE NAME STREET CITY-ST TITLE NAME	r-ZIP	ADC	Trust Fund Contribution.	ERS AND	Addec	f to Fees S IN 11 Addition
After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DPST WAXMAN, 5601 CORI WEST PALI	3 Fee will be \$550.00 Florida Department of OFFICERS AND BRIAN K ESQ. PORATE WAY, STE 40	of State DIRECTO	□ Delete	TITLE NAME STREET. CITY-ST TITLE NAME STREET.	r-zip Address	ADD	Trust Fund Contribution.	ERS AND	Addec	f to Fees S IN 11 Addition
After Make Check  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	DPST WAXMAN, 5601 CORI WEST PALI	3 Fee will be \$550.00 Florida Department of OFFICERS AND BRIAN K ESQ. PORATE WAY, STE 40	of State DIRECTO	☐ Delete	TITLE NAME STREET. CITY-SI TITLE NAME STREET. CITY-SI	r-zip Address	ADD	Trust Fund Contribution.	ERS AND	Addec	f to Fees S IN 11 Addition Addition
After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DPST WAXMAN, 5601 CORI WEST PALI	3 Fee will be \$550.00 Florida Department of OFFICERS AND BRIAN K ESQ. PORATE WAY, STE 40	of State DIRECTO	□ Delete	TITLE NAME STREET. CITY-ST TITLE NAME STREET.	r-zip Address	ADD	Trust Fund Contribution.	ERS AND	Addec	f to Fees S IN 11 Addition
After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DPST WAXMAN, 5601 CORI WEST PALI	3 Fee will be \$550.00 Florida Department of OFFICERS AND BRIAN K ESQ. PORATE WAY, STE 40	of State DIRECTO	☐ Delete	TITLE NAME STREET. CITY-ST TITLE NAME STREET. CITY-ST TITLE NAME	r-zip Address	ADC	Trust Fund Contribution.	ERS AND	Addec	f to Fees S IN 11 Addition Addition
After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME	DPST WAXMAN, 5601 CORI WEST PALI	3 Fee will be \$550.00 Florida Department of OFFICERS AND BRIAN K ESQ. PORATE WAY, STE 40	of State DIRECTO	Delete Delete	TITLE NAME STREET. CITY-ST TITLE NAME STREET. CITY-ST TITLE NAME	ADDRESS F-ZIP	ADD	Trust Fund Contribution.	ERS AND	Addec	f to Fees S IN 11 Addition Addition
After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE TITLE TITLE TITLE	DPST WAXMAN, 5601 CORI WEST PALI	3 Fee will be \$550.00 Florida Department of OFFICERS AND BRIAN K ESQ. PORATE WAY, STE 40	of State DIRECTO	☐ Delete	TITLE NAME STREET. CITY-ST TITLE NAME STREET. CITY-ST TITLE NAME STREET. CITY-ST TITLE	ADDRESS F-ZIP	ADD	Trust Fund Contribution.	ERS AND	Addec	f to Fees S IN 11 Addition Addition
After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME TITLE NAME TITLE NAME TITLE NAME NAME	DPST WAXMAN, 5601 CORI WEST PALI	3 Fee will be \$550.00 Florida Department of OFFICERS AND BRIAN K ESQ. PORATE WAY, STE 40	of State DIRECTO	Delete Delete	TITLE NAME STREET. CITY-ST TITLE NAME STREET. CITY-ST TITLE NAME STREET. CITY-ST TITLE NAME	T-ZIP  ADDRESS F-ZIP  ADDRESS F-ZIP	ADC	Trust Fund Contribution.	ERS AND	Addect DIRECTOR Change Change Change	S IN 11 Addition Addition Addition
After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE TITLE TITLE TITLE	DPST WAXMAN, 5601 CORI WEST PALI	3 Fee will be \$550.00 Florida Department of OFFICERS AND BRIAN K ESQ. PORATE WAY, STE 40	of State DIRECTO	Delete Delete	TITLE NAME STREET. CITY-ST TITLE NAME STREET. CITY-ST TITLE NAME STREET. CITY-ST TITLE NAME	ADDRESS F-ZIP  ADDRESS F-ZIP  ADDRESS ADDRESS	ADC	Trust Fund Contribution.	ERS AND	Addect DIRECTOR Change Change Change	S IN 11 Addition Addition Addition
After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS	DPST WAXMAN, 5601 CORI WEST PALI	3 Fee will be \$550.00 Florida Department of OFFICERS AND BRIAN K ESQ. PORATE WAY, STE 40	of State DIRECTO	Delete Delete Delete	TITLE NAME STREET. CITY-ST TITLE NAME STREET. CITY-ST TITLE NAME STREET. CITY-ST TITLE NAME STREET.	ADDRESS F-ZIP  ADDRESS F-ZIP  ADDRESS ADDRESS	ADD	Trust Fund Contribution.	ERS AND	Addection Change  Change  Change  Change	S IN 11 Addition Addition Addition Addition
After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WAXMAN, 5601 CORI WEST PALI	3 Fee will be \$550.00 Florida Department of OFFICERS AND BRIAN K ESQ. PORATE WAY, STE 40	of State DIRECTO	Delete Delete	TITLE NAME STREET. CITY-ST TITLE NAME STREET. CITY-ST TITLE NAME STREET. CITY-ST TITLE NAME STREET. CITY-ST	ADDRESS F-ZIP  ADDRESS F-ZIP  ADDRESS ADDRESS	ADC	Trust Fund Contribution.	ERS AND	Addect DIRECTOR Change Change Change	S IN 11 Addition Addition Addition
After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	DPST WAXMAN, 5601 CORI WEST PALI	3 Fee will be \$550.00 Florida Department of OFFICERS AND BRIAN K ESQ. PORATE WAY, STE 40	of State DIRECTO	Delete Delete Delete	TITLE NAME STREET, CITY-ST	ADDRESS F-ZIP  ADDRESS I-ZIP  ADDRESS ADDRESS ADDRESS ADDRESS	ADC	Trust Fund Contribution.	ERS AND	Addection Change  Change  Change  Change	S IN 11 Addition Addition Addition Addition
After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WAXMAN, 5601 CORI WEST PALI	3 Fee will be \$550.00 Florida Department of OFFICERS AND BRIAN K ESQ. PORATE WAY, STE 40	of State DIRECTO	Delete Delete Delete Delete	TITLE NAME STREET, CITY-ST	ADDRESS F-ZIP  ADDRESS I-ZIP  ADDRESS ADDRESS ADDRESS ADDRESS	ADC	Trust Fund Contribution.	ERS AND	Addect DIRECTOR Change Change Change Change	for Fees SIN 11 Addition Addition Addition Addition Addition Addition
After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DPST WAXMAN, 5601 CORI WEST PALI	3 Fee will be \$550.00 Florida Department of OFFICERS AND BRIAN K ESQ. PORATE WAY, STE 40	of State DIRECTO	Delete Delete Delete	TITLE NAME STREET, CITY-ST  TITLE	ADDRESS F-ZIP  ADDRESS I-ZIP  ADDRESS ADDRESS ADDRESS ADDRESS	ADD	Trust Fund Contribution.	ERS AND	Addection Change  Change  Change  Change	S IN 11 Addition Addition Addition Addition
After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WAXMAN, 5601 CORI WEST PALI	3 Fee will be \$550.00 Florida Department of OFFICERS AND BRIAN K ESQ. PORATE WAY, STE 40	of State DIRECTO	Delete Delete Delete Delete	TITLE NAME STREET CITY-ST	ADDRESS F-ZIP  ADDRESS I-ZIP  ADDRESS ADDRESS ADDRESS ADDRESS	ADC	Trust Fund Contribution.	ERS AND	Addect DIRECTOR Change Change Change Change	for Fees SIN 11 Addition Addition Addition Addition Addition 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

SIGNATURE:



5616875800