I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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
above, or on an attachment with all other like empowered.

SIGNATURE: FREORIC FENSTERMACHER

Electronic Signature of Signing Officer/Director Detail

#### FENSTERMACHER, FREDRIC 6444 ALLISON RD MIAMI, FL 33141 US

#### SIGNATURE:

I

Officer/Director Detail :					
Title	PD	Title	D		
Name	FENSTERMACHER, FREORIC	Name	HAGOPIAN, JASON R		
Address	6444 ALLISON RD	Address	6444 ALLISON RD		
City-State-Zip:	MIAMI FL 33141	City-State-Zip:	MIAMI FL 33141		

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.

## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N9700006380

#### Entity Name: THE FREDRIC FENSTERMACHER FOUNDATION, INC.

### **Current Principal Place of Business:**

6444 ALLISON RD MIAMI, FL 33141

### **Current Mailing Address:**

6444 ALLISON RD MIAMI, FL 33141

## FEI Number: 65-0799664

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

FILED Jan 03, 2013 Secretary of State CC1811037117

Date

Certificate of Status Desired: No

City-State-Zip: MIAMI FL 33141

PRESIDENT

01/03/2013

Date