

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740575

1. Entity Name

DR. HERBERT AND NICOLE WERTHEIM FAMILY FOUNDATIO

Principal Place of Business

4470 SW 74TH AVE
MIAMI FL 33155

Mailing Address

4470 SW 74TH AVE
MIAMI FL 33155-4408

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WERTHEIM, HERBERT A.
4470 SW 74TH AVE
MIAMI FL FL 33155

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WERTHEIM, HERBERT A. 191 LEUCADENDRA DR. CORAL GABLES FL ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WERTHEIM, NICOLE J. 191 LEUCADENDRA DR. CORAL GABLES FL ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WERTHEIM, ERICA V 191 LEUCADENDRA DR CORAL GABLES FL ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WERTHEIM, VANESSA 191 LEUCADENDRA DR CORAL GABLES FL ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Wertheim-Zohar, Erica V. 191 Leucadendra Drive Coral Gables, FL ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 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

Date

Daytime Phone #

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90190 018 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1778605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)

4-24-00 305-264-4465