

>2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004016 *

1. Entity Name

LE BEAR (YOU ARE SPECIAL) FOUNDATION, INC.

Principal Place of Business

Mailing Address

12925 SOUTHWEST 102ND COURT
MIAMI FL 33176

12925 SOUTHWEST 102ND COURT
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0924091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREEDMAN, LESLIE J
1023 LAKEWOOD DRIVE
WESTON FL 33332

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME GINSBERG, RONNIE
STREET ADDRESS 12925 SOUTHWEST 102ND COURT
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME SPATZER, SUSAN
STREET ADDRESS 12925 SOUTHWEST 102ND COURT
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP ☐ Delete
NAME KATZ, ELAINE
STREET ADDRESS 12925 SOUTHWEST 102ND COURT
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME BAROCAS, NADINE
STREET ADDRESS 12925 SOUTHWEST 102ND COURT
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Ronnie Ginsberg*

1-8-02

305-251-8942



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)