

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90719 010 \*\*\*\*61.25

**DOCUMENT # N00000007823**

1. Entity Name

**WARE FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**801 BRICKELL AVE., 19TH FLOOR  
 MIAMI FL 33131**

**801 BRICKELL AVE., 19TH FLOOR  
 MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-7286585**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BESSEMER TRUST COMPANY OF FLORIDA  
 801 BRICKELL AVE., 19TH FLOOR  
 MIAMI FL 33131**

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	<input type="checkbox"/> Delete
NAME	WARE, MARTHA	
STREET ADDRESS	6870 GRANADA BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	DED	<input type="checkbox"/> Delete
NAME	EDWARDS, MARK	
STREET ADDRESS	6855 VERONESE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KUIPER, ELIZABETH E	
STREET ADDRESS	6870 GRANADA BOULEVARD	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	DST	<input type="checkbox"/> Delete
NAME	WARE-SOUMAH, MORGAN	
STREET ADDRESS	P.O. BOX 4501	
CITY-ST-ZIP	CROFTON MD 21114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 a power, like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARK WARE EDWARDS** 4/28/02 305 662-5002

Date

Daytime Phone #

CR2E037 (9/01)