

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00094

FILED
Sep 10, 2003
Secretary of State

Entity Name: BERNARD SCHONINGER FOUNDATION, INC.

Current Principal Place of Business:

9999 COLLINS AVE.
BAL HARBOUR, FL 33154 US

New Principal Place of Business:

6401 SW 87 AVENUE
SUITE 210
MIAMI, FL 33173 US

Current Mailing Address:

9999 COLLINS AVE.
BAL HARBOUR, FL 33154 US

New Mailing Address:

6401 SW 87 AVENUE
SUITE 210
MIAMI, FL 33173 US

FEI Number: 59-2360152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GABLE, MICHAEL P
4000 HOLLYWOOD BLVD
STE 485 S. TOWER
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

KAVOUKJIAN, MICHAEL E
200 S. BISCAYNE BOULEVARD
STE 4900
MIAMI, FL 33131 US

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: MICHAEL E. KAVOUKJIAN

09/10/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHONINGER, BERNARD,
Address: 2 GROVE ISLE #1702
City-St-Zip: COCONUT GROVE, FL

Title: STD () Delete
Name: SCHONINGER, ALEXANDRIA
Address: 2 GROVE ISLE, APT. B1702
City-St-Zip: COCONUT GROVE, FL 33133

Title: T () Delete
Name: PAUL, DON
Address: 6401 SW 87AVE
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: PAUL, DONALD B
Address: 6401 SW 87TH AVENUE, SUITE 210
City-St-Zip: MIAMI, FL 33173 US

Title: VD (X) Change () Addition
Name: MALSPEIS, S. PHILIP
Address: 6319 NW 24 STREET
City-St-Zip: BOCA RATON, FL 33434 US

Title: S/D (X) Change () Addition
Name: SANDSTROM, FREDERICK H
Address: 220 ALHAMBRA CIRCLE, SUITE 800
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DONALD B. PAUL

P

09/10/2003

Electronic Signature of Signing Officer or Director

Date