

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90958 017 ****61.25

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DOCUMENT # NO1000008961

1. Entity Name
ALEXANDER DALY FOUNDATION, INC.



Principal Place of Business Mailing Address
C/O ALEXANDER DALY C/O ALEXANDER DALY
1643 BRICKELL AVENUE SUITE 3502 1643 BRICKELL AVENUE SUITE 3502
MIAMI FL 33129 MIAMI FL 33129

11020789



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **01-0564433** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FEUERMAN, JONATHAN ESQ
C/O THERREL BAISDEN PA
ONE SE 3RD AVENUE SUITE 2400
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	DALY, ALEXANDER
STREET ADDRESS	1643 BRICKELL AVENUE SUITE 3502
CITY-ST-ZIP	MIAMI FL 33129
TITLE	D <input type="checkbox"/> Delete
NAME	WETCHER, JAY
STREET ADDRESS	1520 VICTORIA ISLE WAY
CITY-ST-ZIP	WESTON FL 33327
TITLE	D <input type="checkbox"/> Delete
NAME	DALY, ILEANA
STREET ADDRESS	3621 SW 28 TERRACE
CITY-ST-ZIP	MIAMI FL 33145
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/24/03 954-385-7386

CR2E037 (10/02)