

4/3/02

FILED
May 21, 2002 8:00 am
Secretary of State

04-03-2002 90492 048 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41241

1. Entity Name

ELLIOT DINNERSTEIN FOUNDATION, INC.

Principal Place of Business

Mailing Address

2800 PONCE DE LEON BLVD
SUITE 1125
CORAL GABLES FL 33134
US

2800 PONCE DE LEON BLVD
SUITE 1125
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0232451

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

BREIER, ROBERT G. ESQ.
2800 PONCE DE LEON BLVD
SUITE 1125
CORAL GABLES FL 33134

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 TP Delete
NAME DINNERSTEIN, ELLIOT
STREET ADDRESS 2800 PONCE DE LEON BLVD, SUITE 1125
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE T Change Addition
NAME Adams, Lynka
STREET ADDRESS 2800 PONCE DE LEON BLVD, SUITE 1125
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE TST Delete
NAME DINNERSTEIN, MARC
STREET ADDRESS 2800 PONCE DE LEON BLVD, SUITE #1125
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T Delete
NAME BREIER, ROBERT G.
STREET ADDRESS 2800 PONCE DE LEON BLVD, SUITE #1125
CITY-ST-ZIP CORAL GABLES FL 33134

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

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 life empowered.

SIGNATURE:

Robert G. Breier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT BREIER

3/25/02

Date

305-445-0707

Daytime Phone #

CR2E0682 (9/01)