

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

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90720 015 \*\*\*\*61.25

**DOCUMENT # N41241**



1. Entity Name  
**ELLIOT DINNERSTEIN FOUNDATION, INC.**

Principal Place of Business

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

Mailing Address

**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

Zip

Country

Zip

Country

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ADAMS, LYNKA</b>	
STREET ADDRESS	<b>2800 PONCE DE LEON BLVD, SUITE 1125</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>TST</b>	<input type="checkbox"/> Delete
NAME	<b>DINNERSTEIN, MARC</b>	
STREET ADDRESS	<b>2800 PONCE DE LEON BLVD, SUITE #1125</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BREIER, ROBERT G.</b>	
STREET ADDRESS	<b>2800 PONCE DE LEON BLVD, SUITE #1125</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** **ROBERT BREIER, TRUSTEE** **3/11/03** **305-445-0707**

CR2E037 (10/02)