2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N92000000480 May 01, 2000 8:00 am 1. Entity Name **Secretary of State** THE THOMAS KRAMER FOUNDATION INC. 05-01-2000 90063 007 ****61.25 Principal Place of Business Mailing Address 404 WASHINGTON AVE. 404 WASHINGTON AVE. STE 120 STE 120 MIAMI BEACH FL 33139-6651 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0375544 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) NEE, MARGARET 404 WASHINGTON AVE. STE 120 Zip Code FL MIAMI BEACH FL 33139 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME KRAMER, THOMAS STREET ADDRESS STREET ADDRESS 404 WASHINGTON AVE. STE 120 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Change Addition ☐ Delete TITLE TITLE NEE, MARGARET NAME STREET ADDRESS STREET ADDRESS 404 WASHINGTON AVE STE 120 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 XX Change Addition ☐ Delete TITLE COLONNESE, CATHY CALONNESE, CATHY NAME STREET ACCRESS STREET ADDRESS 404 WASHINGTON AVE STE 120 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 path; that I am an officer or director

SIGNATURE: SIGNATURE AND TYPED OR PRINTED MANU OF SIGNING OFFICER OR DIRECTOR

ee empowered to execute this repo

of the corporation or the ecciver changed, or on an attachment w

Dautime Phone #

05 532 251