2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003
Secretary of State

DOCUMENT# N92000000480

Entity Name: THE THOMAS KRAMER FOUNDATION INC.

Current Principal Place of Business:

404 WASHINGTON AVE.
STE 120
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

500 SOUTH POINTE DRIVE
STE 220
MIAMI BEACH, FL 33139 US

Current Mailing Address:

404 WASHINGTON AVE.
STE 120
MIAMI BEACH, FL 33139 US

New Mailing Address:

500 SOUTH POINTE DRIVE
STE 220
MIAMI BEACH, FL 33139 US

FEI Number: 65-0375544 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEE, MARGARET
404 WASHINGTON AVE.
STE 120
MIAMI BEACH, FL 33139

Name and Address of New Registered Agent:

NEE, MARGARET
500 SOUTH POINTE DRIVE
STE 220
MIAMI BEACH, FL 33139

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: MARGARET NEE 04/24/2003
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KRAMER, THOMAS
Address: 404 WASHINGTON AVE. STE 120
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD ( ) Delete
Name: NEE, MARGARET
Address: 404 WASHINGTON AVE STE 120
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD ( ) Delete
Name: COLONNESE, CATHY
Address: 404 WASHINGTON AVE STE 120
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KRAMER, THOMAS
Address: 500 SOUTH POINTE DRIVE - STE 220
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD (X) Change ( ) Addition
Name: NEE, MARGARET
Address: 500 SOUTH POINTE DRIVE - STE 220
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD (X) Change ( ) Addition
Name: COLONNESE, CATHY
Address: 500 SOUTH POINTE DRIVE - STE 220
City-St-Zip: MIAMI BEACH, FL 33139

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: MARGARET NEE VD 04/24/2003
Electronic Signature of Signing Officer or Director Date