

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90072 036 ****61.25

DOCUMENT # N94000002857

1. Entity Name
COUNT ELKAIM FOUNDATION INC.

Principal Place of Business 9455 COLLINS AVENUE SUITE 1002 SURFSIDE FL 33154 US	Mailing Address 9455 COLLINS AVENUE SUITE 1002 SURFSIDE FL 33154 US
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80011215



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9601 COLLINS AVENUE	3. Mailing Address 9601 COLLINS AVENUE
Suite, Apt. #, etc. SUITE 510	Suite, Apt. #, etc. SUITE 510

City & State BAL HARBOUR, FLORIDA	City & State BAL HARBOUR, FLORIDA
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4. FEI Number 65-0494806	Applied For <input type="checkbox"/> Not Applicable
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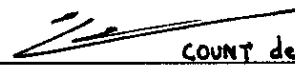
Zip 33154-2211	Country USA	Zip 33154-2211	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**ELKAIM, MARC DE S.G. C
 9455 COLLINS AVENUE
 SUITE 1002
 MIAMI BEACH FL 33154**

7. Name and Address of New Registered Agent
 Name **COUNT de S.G. ELKAIM, MARC**
 Street Address (P.O. Box Number is Not Acceptable)
9601 COLLINS AVENUE
SUITE 510
 City **BAL HARBOUR** **FL** Zip Code **33154-2211**

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  **COUNT de S.G. ELKAIM (President)** 01-14-2001
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ELKAIM, MARC DE S.G. C 9455 COLLINS AVENUE MIAMI BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ELKAIM, ERNA DE S.G. C 9455 COLLINS AVENUE MIAMI BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ELKAIM, MAIMOND 5 SQUARE DES NATIONS BRUSSELS 1050 BELGIUM
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition COUNT de S.G. ELKAIM, MARC 9601 COLLINS AVENUE. SUITE 510. BAL HARBOUR, FL 33154-2211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition COUNTESS de S.G. ELKAIM, ERNA 9601 COLLINS AVENUE. SUITE 510. BAL HARBOUR, FL 33154-2211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **COUNT de S.G. ELKAIM (PRESIDENT)** 01-14-2001 305.861.5216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)