

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90032 037 ****61.25

DOCUMENT # N94000002857

1. Entity Name

COUNT ELKAIM FOUNDATION INC.

Principal Place of Business

Mailing Address

9601 COLLINS AVE
 SUITE 510
 BAL HARBOUR FL 33154-2211
 US

9601 COLLINS AVE
 SUITE 510
 BAL HARBOUR FL 33154-2211
 US

2. Principal Place of Business

3. Mailing Address

9601 COLLINS AVENUE

9601 COLLINS AVENUE

Suite, Apt. #, etc.
SUITE 510

Suite, Apt. #, etc.
SUITE 510

City & State

BAL HARBOUR, FLORIDA

City & State

BAL HARBOUR, FLORIDA

4. FEI Number

65-0494806

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COUNT SE SG ELKAIN, MARC
9601 COLLINS AVE
SUITE 510
BAL HARBOUR FL 33154-2211

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)**

01-17-2002

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	COUNT DE SG ELKIAN, MARC	9601 COLLINS AVE SUITE 510	BAL HARBOUR FL 33154-2211	<input type="checkbox"/>
D	COUNTESS ELKAIM, ERNA	9601 COLLINS AVE SUITE 510	BAL HARBOUR FL 33154-2211	<input type="checkbox"/>
D	ELKAIM, MAIMONID	5 SQUARE DES NATIONS	BRUSSELS 1050 BELGIUM	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	COUNT DE S.G. ELKAIM, MARC	9601 COLLINS AVENUE, SUITE 510.	BAL HARBOUR, FL 33154-2211	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	COUNTESS DE S.G. ELKAIM, ERNA	9601 COLLINS AVENUE, SUITE 510.	BAL HARBOUR, FL 33154-2211	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	DE S.G. ELKAIM, ESTHER	9601 COLLINS AVENUE, SUITE 510.	BAL HARBOUR, FL 33154-2211	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)**

01-17-2002

305.861.5216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)