

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

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90231 032 ****61.25

DOCUMENT # N94000002857

1. Entity Name
COUNT ELKAIM FOUNDATION INC.



Principal Place of Business
**9601 COLLINS AVE
SUITE 510
BAL HARBOUR FL 33154-2211
US**

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

2. Principal Place of Business
9601 COLLINS AVENUE

3. Mailing Address
9601 COLLINS AVENUE

Suite, Apt. #, etc.
SUITE 510

City & State
BAL HARBOUR, FLORIDA

City & State
BAL HARBOUR, FLORIDA

Zip
33154-2211

Country
USA

Zip
33154-2211

Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0494806**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **COUNT DE S.G. ELKAIM (PRESIDENT)** **01-12-2003**

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUNT DE SG ELKIAN, MARC 9601 COLLINS AVE SUITE 510 BAL HARBOUR FL 33154-2211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUNTESS ELKAIM, ERNA 9601 COLLINS AVE SUITE 510 BAL HARBOUR FL 33154-2211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELKAIM, ESTER D S.G. 9601 COLLINS AVENUE STE 510 MIAMI FL 33154	<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
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		<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
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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)** **01-12-2003** **305.861.52.16**

CR2E037 (10/02)