

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90019 030 \*\*\*\*61.25

**DOCUMENT # N95000005746**

1. Entity Name  
**THE SOBEL FAMILY FOUNDATION, INC.**

Principal Place of Business <b>14615 SW 77TH COURT          MIAMI FL 33158          US</b>	Mailing Address <b>14615 SW 77TH COURT          MIAMI FL 33158          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0623200</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>SOBEL, FRANK M          14615 S.E. 77TH COURT          MIAMI FL 33158</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>PD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOBEL, FRANK M</b>		NAME		
STREET ADDRESS	<b>14615 SW 77TH COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOBEL, RICHARD G</b>		NAME		
STREET ADDRESS	<b>19 CLOVER LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WESTPORT CT 06880</b>		CITY-ST-ZIP		
TITLE	<b>STD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOBEL, NANCY E</b>		NAME		
STREET ADDRESS	<b>81 FARM LAKE CRESCENT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CHAPPAQUA NY 10514</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOBEL, JOHN L</b>		NAME		
STREET ADDRESS	<b>2550 JARDIN</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WESTON FL 33327</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *[Signature]* **SIGNATURE REQUIRED** 1/23/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)