

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90146 037 ****61.25

DOCUMENT # N97000002782

1. Entity Name
THE ARTHUR & ANNE SHEIR FOUNDATION, INC.



Principal Place of Business
2801 NE 183RD STREET
#1402
AVENTURA FL 33160

Mailing Address
2071 NE 207 ST.
MIAMI FL 33179

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 31-1547949

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEIR, ROBERT E
2071 NE 207 ST
MIAMI FL 33179

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Delete
NAME	SHEIR, ARTHUR E	
STREET ADDRESS	2801 NE 183RD ST, #1402	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	D	☒ Delete
NAME	SHEIR, ANNE	
STREET ADDRESS	2801 NE 183RD ST, #1402	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	D	☐ Delete
NAME	SHEIR, ROBERT	
STREET ADDRESS	2801 NE 183RD ST, #1402	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	D	☐ Delete
NAME	SHEIR, ARNOLD	
STREET ADDRESS	2801 NE 183RD ST, #1402	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 **Robert Sheir**

4/14/03

305/792-4303

CR2E037 (10/02)