

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002838

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90222 022 \*\*\*\*61.25

1. Entity Name

CLARENCE WOLF JR. AND ALMA B. WOLF FOUNDATION, I

Principal Place of Business

Mailing Address

1101 BRICKELL AVE., STE. 800  
 MIAMI FL 33131

1101 BRICKELL AVE., STE. 800  
 MIAMI FL 33131-3149

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0920365

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

INTERSTATE REGISTERED AGENT CORPORATION  
 701 BRICKELL AVE., STE. 2800  
 MIAMI FL 33131

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.

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 Department of State**

10.

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	KWAL, RICHARD M	
STREET ADDRESS	1101 BRICKELL AVE., STE. 800	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUBIN, GAIL DR.	
STREET ADDRESS	1101 BRICKELL AVE., STE. 800	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAGEN, STEVEN H	
STREET ADDRESS	701 BRICKELL AVE., STE. 3000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Richard M. Kwal Richard M. Kwal Date: 1/14/00 Daytime Phone #: 305-577-6008

CR2E037 (9/99)