

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

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90332 024 ****61.25

DOCUMENT # N99000005040

1. Entity Name

THE BEIT ISSIE SHAPIRO ENDOWMENT FUND, INC.



Principal Place of Business

**7900 ISLAND BLVD
AVENTURA FL 33180**

Mailing Address

**7900 ISLAND BLVD
AVENTURA FL 33180**

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 **65-0985038**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ROSE, STEPHEN E
7900 ISLAND BLVD
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

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 re-

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 Delete
NAME **D SOLOMON, JACOB**
STREET ADDRESS **4200 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE Change Addition
NAME **D ROBERT WERNER**
STREET ADDRESS **3000 APT 3001**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE Delete
NAME **D ROSE, STEPHEN E**
STREET ADDRESS **4200 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D TRUMP, WILLIAM**
STREET ADDRESS **7900 ISLAND BLVD**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D TRUMP, JULIUS**
STREET ADDRESS **7900 ISLAND BLVD**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D TRUMP, EDDIE**
STREET ADDRESS **7900 ISLAND BLVD**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D TRUMP, STEPHANIE**
STREET ADDRESS **7900 ISLAND BLVD**
CITY-ST-ZIP **AVENTURA FL 33180**

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 REQUIRED

CR2E037 (10/02)