2000 UNIFORM BUSINESS REPORT (UBR) EURETARY OF STATE **DOCUMENT #** N99000007514 HIVISIOH OF CORPORATION 1. Entity Name 00 JUL 31 AM 9:43 THE ELKAYAM FAMILY FOUNDATION, INC. 152 PALOMA DRIVE 152 PALOMA DRIVE CORAL GABLES, FL 33143 CORAL GABLES, FL 33143 17229 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0968869 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) B & C CORPORATE SERVICES, INC. 201 S. BISCAYNE BLVD., SUITE 3000 MIAMI, FL. 33131 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) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FEE IS \$61.25 Trust Fund Contribution. Added to Fees_ Department of State... 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Change Addition NAME ELKAYAM, RAPHAEL NAME . STREET ADDRESS 152 PALOMA DRIVE STREET ADDRESS CITY - ST - ZIP CORAL GABLES, FLORIDA CITY ST ZIP 33143 TITLE TITLE NAME NAME : ELKAYAM, DOROTHY STREET ADDRESS 152 PALOMA DRIVE STREET ADDRESS CITY - ST - ZIP CORAL GABLES, CITY - ST - ZIP TITLE TITLE Change NAME. ELKAYAM, SHARON NAME STREET ADORESS 152 PALOMA DRIVE STREET ADDRESS CITY - ST - ZIP CORAL GABLES, FLORIDA 33143 CITY - ST - ZIP TITLE mŒ. - Addition NAME ELKAYAM, ESTEE NAME STREET ADDRESS 152 PALOMA DRIVE STREET ADDRESS CITY - ST - ZIP CITY - ST - ZP <u>CORAL GABLES, FLORIDA</u> TITLE Delete TITLE Change Addition NAME MME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete BILE 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 ag attachment with an address, with all other like empowered. SIGNATURE: 🖊

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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