

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90120 031 ****61.25

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DOCUMENT # N99000007514

1. Entity Name

THE ELKAYAM FAMILY FOUNDATION, INC.

(LA)

Principal Place of Business

Mailing Address

152 PALOMA DRIVE
 CORAL GABLES FL 33143

152 PALOMA DRIVE
 CORAL GABLES FL 33143

00073170



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0968869

Applied For

Not Applicable

Zip

Country

Zip

Country

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

B & C CORPORATE SERVICES, INC.
201 S. BISCAYNE BLVD.
SUITE 3000
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	ELKAYAM, RAPHAEL	
STREET ADDRESS	152 PALOMA DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELKAYAM, DOROTHY	
STREET ADDRESS	152 PALOMA DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELKAYAM, SHARON	
STREET ADDRESS	152 PALOMA DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELKAYAM, ESTER	
STREET ADDRESS	152 PALOMA DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 FILED

7-6-01

CR2E037 (10/00)