

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22745

1. Entity Name

HELENE D. ZIFF MEMORIAL FOUNDATION, INC.

Principal Place of Business

~~C/O ROSE, STEPHEN E~~
4200 BISCAYNE BLVD
MIAMI FL 33137
US

Mailing Address

~~C/O ROSE, STEPHEN E~~
4200 BISCAYNE BLVD
MIAMI FL 33137
US

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

65-1008358

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ROSE, STEPHEN E~~
4200 BISCAYNE BLVD
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name

ROBERT A. SELTZER

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

4200 BISCAYNE BLVD

City

MIAMI

FL

Zip Code

33137

B. 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 is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/01

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D JANIA M. VICTORIA 2999 BRICKELL AVE MIAMI FL ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D ZIFF, DEAN 2999 BRICKELL AVE. MIAMI FL ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D SMITH, HARRY B. 1 GROVE ISLE DR. #309 MIAMI FL ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
VD SOLOMON, JACOB 4200 BISCAYNE BLVD MIAMI FL ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D NANCY LIPOFF 4200 BISCAYNE BLVD MIAMI FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D/S ROBERT A. SELTZER 4200 BISCAYNE BLVD MIAMI, FL 33137 ☐ Change ☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01

Date

325 576-4000

Daytime Phone #

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90522 023 *****70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)