FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2002 8:00 am DOCUMENT # N0100006407 **Secretary of State** 1. Entity Name 01-31-2002 90010 007 ****61.25 FRANCES SONNENSCHEIN BALD & JOSEPH BALD FOUNDATI Principal Place of Business Mailing Address 4101 PINETREE DR. SUITE 825 4101 PINETREE DR. SUITE 825 MIAM! BEACH FL 33140 MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address 101 PINETREE DRIVE DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For 65-1137103 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUNNENSCHEIN BALD, FRANCES S 4101 PINETREE DR, SUITE 825 SUITE 1720 MIAMI BEACH FL 33140 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Addition TITLE ☐ Delete DIRECTOR RABBI HOWARD BALD NAME STREET ADDRESS STREET ADDRESS 6507 TRUTWOOD COURT BALTIMURE, MD 21209 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITI F BIRECTUR NAME DR. ALLENC, MARNON STREET ADDRESS STREET ADDRESS 82 BELMONT DRIVENORTH CITY-ST-ZIP CITY-ST-ZIP ROSLYN HEIGTS, LONG ISLAND ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS PRESIDENT FRANCES SUNNENSCHEIN Delete BALD (T) CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE NAME NAME 4101 PINETREE DR. SUITE 1720 STREET ADDRESS STREET ADDRESS MIAMI BEACH, FL. 33140 CITY-ST-ZIP CITY-ST-ZIP SECRETARY - TREASURER TITLE TITLE Change | ☐ Addition NAME TOSEPH BALD (T) STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4101 PINETREEDR SUITE1720 CITY-ST-ZIP MIAMI BEACH, FL. 3314 0 Delete TITLE Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.