FILED

Sep 11, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9800001266 08-19-2002 90151 021 ****50.00 09-11-2002 90103 007 ****20.00 BELA B. NEVAI AND CLARA NEVAI CHARITABLE FOUNDAT ION. INC. Principal Place of Business Mailing Address 100 SUNRISE AVENUE 100 SUNRISE AVENUE PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0835059 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --Name NEVAI, CLARA Street Address (P.O. Box Number is Not Acceptable) **100 SUNRISE AVENUE** PALM BEACH FL 33480 City 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 registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ÷ After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. П min. will be \$236.25. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete me (4/02)☐ Change ☐ Addition NEVAI, CLARA NAME NAME STREET ADDRESS 100 SUNRISE AVENUE STREET ADDRESS **CR2E037** CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP TITLE Delete Change ■ Addition **NEVAL ANDRAS** NAME STREET ADORESS P.O. BOX 10861 N/A STREET ADDRESS CITY-ST-74P-SEDONA AZ 88339 -CITY-ST-ZIP ... D_ TITLE Doleta TITLE ☐ Change ☐ Addition NAME FINE, ELJ 8 NAME STREET ADDRESS 16657 SWEETBAY DRIVE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33445 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SOMOGYI, ANNA M NAME STREET ADDRESS 36 LAKESHORE DRIVE STREET ADDRESS CITY-ST-ZIP PLEASANTVILLE NY 10570 CITY-ST-ZIP TITLE ☐ Deleta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

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 the component of the corporation of the receiver or trustee empowered.

Attachment (077894)

ELI B. FINE, C.P.A., P.C.

WEST MAIN STREET SUITE 103

ELMSFORD, NEW YORK 10523

PHONE 914-347-3759

September 3, 2002

Florida Department of State Division of Corporations Box 6327 Tallahassee, Florida 32314

Re: Bela B. and Clara Nevai Foundation FEIN 65-0835059

FAX 914-347-0152

Gentlemen:

Please find enclosed check for \$20.00, representing the following:

1. Balance per letter attached

\$11.25

2. For Certificate of Status Desired

<u>8.75</u>

Total Check #1094 Enclosed

\$20.00

Your letter of August 22, 2002 and your Form 2002 Uniform Business Report (UBR) is enclosed.

If there should be any problem, please direct your reply to my office.

Very truly yours,

ELI B. FINE, CPA PC

Eli. B Ime, com

Eli B. Fine, CPA

Enc.

美国人,特别的国家和企业的

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