2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mar 10, 2003 8:00 am Secretary of State **DOCUMENT # 750306** 1. Entity Name 03-10-2003 90150 038 ****61.25 GEORGE AND EVELYN GOLDBLOOM FOUNDATION.INC. Principal Place of Business Mailing Address 5660 COLLINS AVE. 5660 COLLINS AVE. PH B PH B MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1965603 Applied For Not Applicable Zip Country Zip Country 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 Name GOLDBLOOM, GEORGE Street Address (P.O. Box Number is Not Acceptable) 5660 COLLINS AVENUE, PH-B MIAMI BEACH FL 33140 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61,25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE NAME GOLDBLOOM, GEORGE ☐ Change ☐ Addition NAME STREET ADDRESS 5660 COLLINS AVE PH B STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP VD TITLE ☐ Delete TITLE KORMAN, MARCEL Change ☐ Addition NAME NAME STREET ADDRESS **490 ALEXANDRA CIRCLE** STREET ADDRESS CITY-ST-7IP FT LAUDERDALE FL CITY-ST-ZIP SD TITLE ☐ Delete TITLE GOLDBLOOM, EVELYN Change ☐ Addition NAME NAME STREET ADDRESS 5660 COLLINS AVE PH B STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change Addition NAME

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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 changed, or on an attachment with an address, with all other like endowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

GEORGE GOLDBLOOM