2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 751014 1. Entity Name GAINES FAMILY FOUNDATION, INC. Principal Place of Business Mailing Address 5500 COLLINS AVENUE 5500 COLLINS AVENUE SUITE, 2303 SUITE 2303 MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 3. Mailing Address P.O. BOX 56-6329 ipal Place of Business Suite, Apt. #, etc. City & State MIAMI, FLORIDA 4. FEI Number Zip **33256** Country 5. Certificate of Status Desired U.S.A. SA -6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BREIER, ROBERT G. 2800 PONCE DE LEON BLVD #1125 City CORAL GABLES FL 33134-6912 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) FILE NOW: 9. Election Campaign Financing \$5.00 May Be

Trust Fund Contribution.

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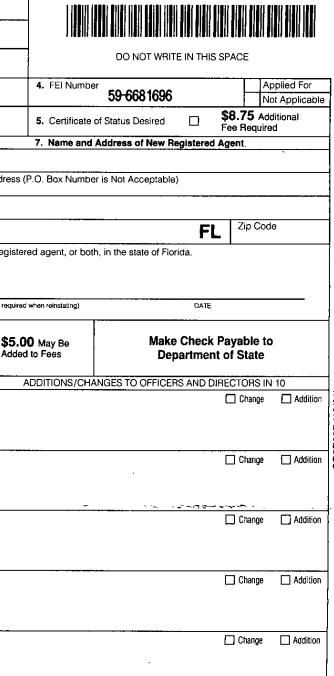
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FILED Jan 29, 2001 8:00 am Secretary of State

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2. 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 truster empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears to Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Y

FEE IS \$61.25

GAINES, HAROLD

PO BOX 56-6329

MIAMI FL 33256

GAINES, EVELYN

MIAMI BEACH FL

GAINES, LOUIS

MIAMI FL 33156

7321 SW 108 TERR

5500 COLLINS AVENUE

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OFFICERS AND DIRECTORS

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

* 1.16.01 ×425.2462
Date Daytime Phone #

☐ Change

☐ Addition