

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759797

1. Entity Name

THE TED ARISON FAMILY FOUNDATION USA, INC.

Principal Place of Business

Mailing Address

% ARNALDO PEREZ
3655 NW 87TH AVENUE
MIAMI FL 33178

% ARNALDO PEREZ
3655 NW 87TH AVENUE
MIAMI FL 33178

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

59-2128429

Applied For

Not Applicable

5. 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

PEREZ, ARNALDO
3655 NW 87TH AVENUE
MIAMI FL 33178

Name

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

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PT ☐ Delete
NAME ELCOTT, SHARON C
STREET ADDRESS GOLDA CTR SHAUL HAMELCH BLVD
CITY-ST-ZIP TEL AVIV IS

TITLE ☒ Change ☐ Addition
NAME ELCOTT, SHALOM C
STREET ADDRESS
CITY-ST-ZIP

TITLE CT ☐ Delete
NAME ARISON, SHARI
STREET ADDRESS GOLDA CTR 23 SHAUL HAMELCH BLVD.
CITY-ST-ZIP TEL AVIV IS

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

TITLE TM ☐ Delete
NAME ARISON, MARILYN
STREET ADDRESS 10 BERKOWITZ ST.
CITY-ST-ZIP TEL AVIV IS

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

TITLE T ☐ Delete
NAME ARISON, MICKY M.
STREET ADDRESS 3655 NW 87 AVE.
CITY-ST-ZIP MIAMI FL

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

TITLE T ☐ Delete
NAME ARISON, MADELEINE
STREET ADDRESS 9999 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL

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

TITLE ASVP ☐ Delete
NAME PEREZ, ARNALDO
STREET ADDRESS 3655 N.W. 87TH AVE.
CITY-ST-ZIP MIAMI FL

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

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

ARNALDO PEREZ 1/7/02 (305) 406-5073

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)