

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

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90167 032 ****61.25

DOCUMENT # 759797

1. Entity Name

THE TED ARISON FAMILY FOUNDATION USA, INC.



Principal Place of Business

**% ARNALDO PEREZ
3655 NW 87TH AVENUE
MIAMI FL 33178**

Mailing Address

**% 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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PEREZ, ARNALDO
3655 NW 87TH AVENUE
MIAMI FL 33178**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ARNALDO PEREZ, UBR Ass't. Sec'y**

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

(NOTE: Registered Agent signature required when reinstating)

January 7, 2003
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PT	ELCOTT, SHALON C	GOLDA CTR SHAUL HAMELCH BLVD	TEL AVIV IS	<input checked="" type="checkbox"/>
CT	ARISON, SHARI	GOLDA CTR 23 SHAUL HAMELCH BLVD.	TEL AVIV IS	<input type="checkbox"/>
TM	ARISON, MARILYN	10 BERKOWITZ ST.	TEL AVIV IS	<input type="checkbox"/>
T	ARISON, MICKY M.	3655 NW 87 AVE.	MIAMI FL	<input type="checkbox"/>
T	ARISON, MADELEINE	9999 COLLINS AVE	MIAMI BEACH FL	<input type="checkbox"/>
ASVP	PEREZ, ARNALDO	3655 N.W. 87TH AVE.	MIAMI FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/02)

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

January 7, 2003 (2003)