FILED 2001 UNIFORM BUSINESS REPORT (UBR) Sep 10, 2001 8:00 am Secretary of State DOCUMENT # **F99000004578** 1. Entity Name 09-10-2001 90052 009 ****61.25 THE UNICORN CHILDREN'S FOUNDATION INC. Principal Place of Business Mailing Address 100 GREENWOOD AVE. 100 GREENWOOD AVE. RI1164474 **EVANSTON IL 60201** EVANSTON IL 60201 2. Principal Place of Business 3. Mailing Address 3350 NW BOCA RATON BLUD 3350 NW BOCA RATION BLVD Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE A-2B A-28 City & State City & State 4. FEI Number Applied For 36-3996036 BOCA RATON BOCA RATION Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33431 33431 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ROSENBLOOM, HELENE 100 SE 5TH AVE #504 Zip Code **BOCA RATON FL 33432** 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 .. 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete ☐ Change Addition TITLE ROSENBLOOM, MARK DR. NAME NAME STREET ADDRESS 100 GREENWOOD AVE. STREET ADDRESS **EVANSTON IL 60201** CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE . % Change TITLE WACHTEL, GARY PETER MATWICZYK NAME NAME 1601 S INDIANA AVENUE 1215 N LAKE WAY STREET ADDRESS STREET ADDRESS PALM BEACH FL 33480" CITY ST-ZIP CITY-ST-ZIP CHICAGO IL 60616 ☐ Change ☐ Addition TITLE Delete TITLE ROSENBLOOM, VALERIE NAME STREET ADDRESS STREET ADDRESS 14 SUNNYSIDE STREET CITY-ST-ZIP WESTMOUNT QC H34 1C1 CITY-ST-ZIP

EVANSTON IL 60201 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 fixe empowered.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

ANNA TOLAN

PETER

1400 SE 7TH AVE #4

POMPANO BEACH FL 33060

1215 N. LAKE WALL

MATWICZY

Delete

Delete

TITLE

NAME

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NAME

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NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

SRESANG, CRAIG

1005 S HARLEM

ROTSTEIN, DANIEL

9828 NW 2ND COURT

PLANTATION FL 33222

ROSENBLOOM, LOUISE

100 GREENWOOD AVE

FOREST PARK IL 60130

SIGNATURE:

5/01

Addition

Addition

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Change

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