

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000003056

FILED
Apr 29, 2003
Secretary of State

Entity Name: THE RAYMOND AND Z. VALEERE SASS FAMILY FOUNDATION, INC.

Current Principal Place of Business:

7580 REGENCY LAKES DRIVE E501
BOCA RATON, FL 33433

New Principal Place of Business:

7580 REGENCY LAKES DRIVE
E 501
BOCA RATON, FL 33433

Current Mailing Address:

7580 REGENCY LAKES DRIVE E501
BOCA RATON, FL 33433

New Mailing Address:

7580 REGENCY LAKES DRIVE
E 501
BOCA RATON, FL 33433

FEI Number: 65-1014883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SASS, Z V
7580 REGENCY LAKES DR APT E5
BOCA RATON, FL 334336969 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SASS, Z VALEERE
Address: 7580 REGENCY LAKES DR E-501
City-St-Zip: BOCA RATON, FL 33433

Title: VPD () Delete
Name: SASS, STEVEN M
Address: 11 STABLEMERE CT
City-St-Zip: BALTIMORE, MD 21209

Title: SD () Delete
Name: SASS, RONEE MS
Address: 2119 MALCOLM ROAD
City-St-Zip: LOS ANGELES, CA 90025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SASS, RONEE MS
Address: 2119 MALCOLM ROAD
City-St-Zip: LOS ANGELES, CA 90025

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN M SASS

VPD

04/29/2003

Electronic Signature of Signing Officer or Director

Date