2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED Feb 26, 2001 8:00 am Secretary of State DOCUMENT # N0000004016 1. Entity Name LE BEAR (YOU ARE SPECIAL) FOUNDATION, INC. 02-26-2001 90517 029 ****61.25 Mailing Address Principal Place of Business 12925 SOUTHWEST 102ND COURT 12925 SOUTHWEST 102ND COURT TIBRAN MIAMI FL 33176 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-092 4091 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Tredur Street Address (P.O. Box Number is Not Acceptable) FILINGS, INC. 3732 N.W. 16TH STREET OVI UE FT. LAUDERDALE FL 33311-4132 ESかれ 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. Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. DIP ☐ Addition ☐ Delete TITLE TITI F NAME NAME GINSBERG, RONNIE STREET ADDRESS STREET ADDRESS 12925 SOUTHWEST 102ND COURT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** TITLE $D \mid \tau$ ☐ Addition n ☐ Delete TITLE SPATZER, SUSAN NAME NAME 12925 SOUTHWEST 102ND COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176 DVP ☐ Addition TITLE D ☐ Delete NAME KATZ, ELAINE NAME STREET ADDRESS STREET ADDRESS 12925 SOUTHWEST 102ND COURT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** DIS Change ☐ Addition TITLE Delete TITLE BAROCAS, NADINE NAME NAME 12925 SOUTHWEST 102ND COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33176** Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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