

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 06, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N00000005197****1. Entity Name**  
KIRSCHEN FOUNDATION, INC.

<b>Principal Place of Business</b> C/O MERCHANTONLINE.COM 902 CLINT MOORE RD., SUITE 114 BOCA RATON FL 33487	<b>Mailing Address</b> C/O MERCHANTONLINE.COM 902 CLINT MOORE RD., SUITE 114 BOCA RATON FL 33487
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<b>2. Principal Place of Business</b> 5264 BOCA MARINA CIRCLE SOUTH	<b>3. Mailing Address</b> 5264 BOCA MARINA CIRCLE SOUTH
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<b>Suite, Apt. #, etc.</b>	<b>Suite, Apt. #, etc.</b>
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<b>City &amp; State</b> BOCA RATON FL	<b>City &amp; State</b> BOCA RATON FL
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<b>Zip</b> 33487	<b>Country</b>	<b>Zip</b> 33487	<b>Country</b>
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<b>4. FEI Number</b>	<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b> KARSCH MICHAEL C/O MERCHANTONLINE.COM 902 CLINT MOORE RD., SUITE 114 BOCA RATON FL 33487	<b>7. Name and Address of New Registered Agent</b> Name ATLAS PEARLMAN Street Address (P.O. Box Number is Not Acceptable) 350 EAST LAS OLAS BLVD SUITE 1700 City FORT LAUDERDALE FL Zip Code 33301
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**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 JAMES M SCHNEIDER****09/06/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition O/D KIRSCHEN TAREK S 3998 FAU BLVD SUITE 210 BOCA RATON FL 33431
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition O/D HILDRETH ROBERT JR. 4400 NORTH FEDERAL HWY SUITE11 BOCA RATON FL 33487
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition O/D KANE ZARA 5820 N FERDERAL HWY, SUITE B BOCA RATON FL 33487
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Zara Kane** O/D **09/06/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)