

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007352

1. Entity Name

THE DWAYNE AND DANY JOHNSON CHARITABLE FOUNDATIO

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90057 046 ****61.25

Principal Place of Business

9655 S DIXIE HWY. 3RD FLOOR
MIAMI FL 33156

Mailing Address

9655 S DIXIE HWY. 3RD FLOOR
MIAMI FL 33156

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

65-1078091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE, STE 125
CORAL GABLES FL 33146

Name
EMERY B. SHEER, CPA
Street Address (P.O. Box Number is Not Acceptable)
9655 SO. DIXIE HIGHWAY
3RD FLOOR
City
MIAMI FL Zip Code
33156

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, DWAYNE D 1782 SW 132ND WAY DAVIE FL 33325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, DANY GARCIA 1782 SW 132ND WAY DAVIE FL 33325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, MALCOLM 13020 N CALUSA CLUB DR MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEREZ, JORGE 417 VISTA ISLE DR, #2323 SUNRISE FL 33325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

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

Date

Daytime Phone #

CR2E037 (10/00)