

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007375

1. Entity Name

THE ERIC M. HECHT CHARITABLE FOUNDATION, INC.

Principal Place of Business

1101 BRICKELL AVE STE 800-S
MIAMI FL 33156

Mailing Address

1101 BRICKELL AVE STE 800-S
MIAMI FL 33156

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

33131

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33131

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOENIGHSBERG, JAY
1101 BRICKELL AVE STE 800-S
MIAMI FL 33156 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

TITLE D ☐ Delete
NAME HECHT, ERIC M
STREET ADDRESS 300 SOUTH POINT DRIVE APT 3402
CITY-ST-ZIP MIAMI BEACH FL 33137

TITLE D ☐ Delete
NAME KOENIGHSBERG, JAY
STREET ADDRESS 1101 BRICKELL AVE STE 800 SOUTH
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ Delete
NAME MONDRUS, MARLENE
STREET ADDRESS WORLD FINANCIAL CENTER NORTH TOWER
CITY-ST-ZIP NEW YORK NY 10281

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

5/1/01

105-373-3232

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90130 003 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)