

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000007402**

1. Entity Name

SWS CHARITABLE FOUNDATION, INC.

Principal Place of Business

**1600 NW 163 ST
MIAMI FL 33169**

Mailing Address

**1600 NW 163 ST
MIAMI FL 33169**

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
65-1054944Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERMAN, ALISON P
2800 PONCE DE LEON BLVD, SUITE 1125
CORAL GABLES FL 33134**

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
After September 12, 2001, min. will be \$236.25**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 **CHAPLIN, HARVEY R**
STREET ADDRESS **1600 NW 163 ST**
CITY-ST-ZIP **MIAMI FL 33169**TITLE **D** ☐ Delete
NAME **CHAPLIN, WAYNE E**
STREET ADDRESS **1600 NW 163 ST**
CITY-ST-ZIP **MIAMI FL 33169**TITLE **D** ☐ Delete
NAME **CHAPLIN, PAUL B**
STREET ADDRESS **1600 NW 163 ST**
CITY-ST-ZIP **MIAMI FL 33169**TITLE **D** ☐ Delete
NAME **BECKER, ISIDORE A**
STREET ADDRESS **1600 NW 163 ST**
CITY-ST-ZIP **MIAMI FL 33169**TITLE **D** ☐ Delete
NAME **DINNERSTEIN, ELIJOT**
STREET ADDRESS **1600 NW 163 ST**
CITY-ST-ZIP **MIAMI FL 33169**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-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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**

07/20/01 (305) 625-4171

CR2E037 (5/01)