## **2001 UNIFORM BUSINESS REPORT (UBR) FILED** Feb 06, 2001 08:00 AM N0000007870 DOCUMENT # 1. Entity Name **Secretary of State** THE KATENA GROUP FOUNDATION, INC. Principal Place of Business Mailing Address 1050 N.W. 15TH STREET, #207A 1050 N.W. 15TH STREET, #207A BOCA RATON FL FL BOCA RATON 33486 33486 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1069488 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STRAUSS ABBEY Street Address (P.O. Box Number is Not Acceptable) 1050 N.W. 15TH STREET, #207A BOCA RATON FL33486 City 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. 02/06/2001 ABBEY STRAUSS Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE DIR Change X Addition NAME NAME CONSCHAFTER JEFFERY STREET ADDRESS STREET ADDRESS 1050 NW 15TH ST., #207 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FT. 33486 ☐ Delete TITLE TITLE DTR ☐ Change X Addition NAME NAME STRAUSS JANET STREET ADDRESS STREET ADDRESS 101 EAST 16TH ST., #3G CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10003 TITLE Delete TITLE DIR Change X Addition NAME NAME STRAUSS SUSAN STREET ADDRESS STREET ADDRESS 17703 RAINTREE TERRACE CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FT. 33486 TITLE Delete TITLE Change Addition NAME STRAUSS ABBEY NAME STREET ADDRESS 1050 N.W. 15TH STREET, #207A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON $\mathbf{FL}$ 33486 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE: \_ABBEY STRAUSS

NAME

STREET ADDRESS

CITY-ST-ZIP

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02/06/2001

CR2E037 (11/00)