

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90177 047 ****61.25

DOCUMENT # N00556

1. Entity Name

THE WIEN FAMILY FOUNDATION, INC.

Principal Place of Business

925 ARTHUR GODFREY RD.,#205
MIAMI BCH. FL 33140

Mailing Address

925 ARTHUR GODFREY RD.,#205
MIAMI BCH. FL 33140

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

59-2381715

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

Name

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

City

FL

Zip Code

WIEN, LEONARD A
925 ARTHUR GODFREY RD.,#205
MIAMI BCH. FL 33140

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	DP WIEN, LEONARD	<input type="checkbox"/> Delete
STREET ADDRESS	925 ARTHUR GODFREY, #205	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE NAME	D WIEN, MARJORIE	<input type="checkbox"/> Delete
STREET ADDRESS	925 ARTHUR GODFREY, #205	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE NAME	D KENIN, JOSEPHINE	<input type="checkbox"/> Delete
STREET ADDRESS	5801 NORTH BAY RD	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE NAME	D WIEN, LEONARD A JR	<input type="checkbox"/> Delete
STREET ADDRESS	925 ARTHUR GODFREY RD #205	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

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

Leonard A. Wien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X

(305) 534-7555

Date

Daytime Phone #

CR2E037 (10/00)