

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000001237

1. Entity Name

KING DAVID FOUNDATION, INC.

Principal Place of Business

Mailing Address

2801 NE 183 STREET
SUITE 1611W
AVENTURA FL 33160

2801 NE 183 STREET
SUITE 1611W
AVENTURA FL 33160

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

03-0400216

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, MARIA
2801 NE 183 STREET
SUITE 1611W
AVENTURA FL 33160

7. Name and Address of New Registered Agent

Name: ROSA VARELA

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

2801 NE 183 St. Suite 1611 W

City Aventura

FL

Zip Code 33160

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)

04-17-02

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
NAME RODRIGUEZ, MARIA
STREET ADDRESS 2801 NE 183 STREET SUITE 1611W
CITY-ST-ZIP AVENTURA FL 33160

TITLE D
NAME VARELA, ROSA
STREET ADDRESS 2801 NE 183 STREET SUITE 1611W
CITY-ST-ZIP AVENTURA FL 33160

TITLE D
NAME CARRILLO, FR. SERGIO
STREET ADDRESS 5859 N.W. 37 STREET
CITY-ST-ZIP VIRGINIA GARDENS FL 33160

TITLE D
NAME CALERO, TERESITA
STREET ADDRESS 7707 N.W. SECOND AVENUE
CITY-ST-ZIP MIAMI FL 33150

TITLE D
NAME FRANKLIN, THOMAS G
STREET ADDRESS 9401 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL 33138

TITLE D
NAME GALLIMAC, GERRY O DR.
STREET ADDRESS 1931 N. 68TH AVENUE
CITY-ST-ZIP HOLLYWOOD FL 33024

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME LOWE, Sana
STREET ADDRESS 7155 West and way
CITY-ST-ZIP Hialeah FL 33014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Dr. VANDON E. White
STREET ADDRESS PO BOX 610824
CITY-ST-ZIP H.M.B - FL 33261-0824

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

4-17-02

Date

Daytime Phone #

04042



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)