

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

0021936

DOCUMENT # N01000001352

07-02-2002 90816 043 \*\*\*\*70.00

1. Entity Name

1141 CHARITABLE FOUNDATION, INC.

Principal Place of Business C/O MICHAEL HAZMAN. ESQ. 220 ALHAMBRA CIRCLE. SUITE 400 CORAL GABLES FL 33134	Mailing Address C/O MICHAEL HAZMAN. ESQ. 220 ALHAMBRA CIRCLE. SUITE 400 CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 123 S.E. 3rd Street Suite, Apt. #, etc. #114	3. Mailing Address 123 S.E. 3rd Street Suite, Apt. #, etc. #114
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City & State Miami, FL	City & State Miami, FL	4. FEI Number 91-2108369	Applied For <input type="checkbox"/> Not Applicable
Zip 33131	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  ROBES, ROBERT J GREENBERG & TRAUIG, P.A. 2255 GLADES ROAD BOCA RATON FL 33431	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANZMAN, MICHAEL A 220 ALHAMBRA CIRCLE, SUITE 400 CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brown, Wendy 241 S.W. 8th Street, #172 Miami, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIDESDORF, TOVAR 5225 COLLINS AVENUE, PENTHOUSE 10 MIAMI BEACH FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 Leidesdorf, Tova <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLER, JURG SCHATTSTRASSE 2 VADUZ LIECHTENSTEIN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 Aeulestrasse 38 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EBERSBERG, CHRISTOF DR. SCHATTSTRASSE 2 VADUZ LIECHTENSTEIN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 Aeulestrasse 38 Vaduz <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Jurg Keller* Jurg Keller 6/28/02 (305) 379-0000

CR2E037 (9/01)