

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

03-21-2003 90111 004 ***61.25

3/2

DOCUMENT # N01000007096

1. Entity Name

CHARTER FOUNDATION OF CORAL GABLES, INC.



Principal Place of Business

100 SE 2ND STREET, SUITE 2800
MIAMI FL 33131

Mailing Address

100 SE 2ND STREET, SUITE 2800
MIAMI FL 33131

2. Principal Place of Business

1425 Venetia Ave.

3. Mailing Address

1425 Venetia Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Coral Gables, Florida

City & State

Coral Gables, Florida

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

33134

Country

U.S.A

Zip

33134

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND STREET, SUITE 2800
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Ron Zigelboim

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

1425 Venetia Avenue

City

Coral Gables

FL

Zip Code

33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/19/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P. D. ZIGELBOIM, RON**
STREET ADDRESS **100 SE 2ND STREET, SUITE 2800**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME **WELCH, OSCAR**
STREET ADDRESS **100 SE 2ND STREET, SUITE 2800**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☒ Delete
NAME **LAWSON, CRAIG**
STREET ADDRESS **100 SE 2ND STREET.**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **P. D. Zigelboim, Ron**
STREET ADDRESS **1425 Venetia Avenue**
CITY-ST-ZIP **Coral Gables FL 33134**

TITLE ☐ Change ☒ Addition
NAME **JENNIFER ZIGHELBOIM**
STREET ADDRESS **1425 VENETIA AVE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/03
Date

305.725.7661
Daytime Phone #

CR2E037 (10/02)