2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003
Secretary of State

DOCUMENT# N02000008395

Entity Name: MAX LINDEMANN MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

1455 OCEAN DRIVE #1406
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1455 OCEAN DRIVE #1406
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 16-1636622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON, BARRY A
2775 SUNNY ISLES BLVD STE 118
NORTH MIAMI, FL 33160 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Change (X) Addition
Name: LINDEMANN, GEORGE
Address: 1455 OCEAN DRIVE #1406
City-St-Zip: MIAMI BEACH, FL 33139

Title: P ( ) Change (X) Addition
Name: LINDEMANN, HENRY
Address: 1455 OCEAN DRIVE #1406
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Change (X) Addition
Name: LINDEMANN, STELLA
Address: 1455 OCEAN DRIVE #1406
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Change (X) Addition
Name: LINDEMANN, ROBERT
Address: 1455 OCEAN DRIVE #1406
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY LINDEMANN PRES 04/16/2003

Electronic Signature of Signing Officer or Director — Date