

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90018 029 \*\*\*\*61.25

0037398

**DOCUMENT # N06819**

1. Entity Name  
**THE LURIA FAMILY FOUNDATION, INC.**

Principal Place of Business <b>7744 FISHER ISLAND DR.          FISHER ISLAND FL 33109          US</b>	Mailing Address <b>7774 FISHER ISLAND DR.          FISHER ISLAND FL 33109          US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number **59-2477088**

Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LURIA, LEONARD  
 7774 FISHER ISLAND DR.  
 FISHER ISLAND FL 33109**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (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

TITLE NAME	<b>DPT LURIA, LEONARD</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>7774 FISHER ISLAND DRIVE</b>	
CITY-ST-ZIP	<b>FISHER ISLAND FL</b>	
TITLE NAME	<b>DVS LURIA, GLORIA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>7774 FISHER ISLAND DRIVE</b>	
CITY-ST-ZIP	<b>FISHER ISLAND FL</b>	
TITLE NAME	<b>D LURIA, PETER</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1800 WEST 23 ST.</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE NAME	<b>D LURIA, HENRY</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3595 ST. GARDENS RD.</b>	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	
TITLE NAME	<b>D LURIA-COHEN, NANCY</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1415 N VIEW DR SUNSET ISLAND #1</b>	
CITY-ST-ZIP	<b>MIAMI BCH FL 33140</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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
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: SI Leonard Luria, Director 1/10/01 305 534 9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)