

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90051 029 \*\*\*\*61.25

**DOCUMENT # N06819**

1. Entity Name

**THE LURIA FAMILY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**7744 FISHER ISLAND DR.  
 FISHER ISLAND FL 33109  
 US**

**7774 FISHER ISLAND DR.  
 FISHER ISLAND FL 33109  
 US**

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

**59-2477088**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

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 \_\_\_\_\_ 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.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another, or otherwise empowered.

SIGNATURE: *[Signature]* **REQUIRED**  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

**3/5/02** **305 534 9500**  
Date Daytime Phone #

CR2E037 (9/01)