


02-17-2003 90193 041 ****61.25

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

DOCUMENT # **NO6819**
 1. Entity Name **LURIA Family FOUNDATION inc**



DO NOT WRITE IN THIS SPACE

90028960

2. Principal Place of Business **7774 Fisher Island Drive**
 Suite, Apt. #, etc.

3. Mailing Address **7774 Fisher Island Dr**
 Suite, Apt. #, etc.

City & State **Miami FL** City & State **Miami FL**

Zip **33109** Country **USA** Zip **33109** Country **USA**

4. FEI Number **59 2477088** Applied For
 Not Applicable

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

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7. Name and Address of Current Registered Agent

Name **Leonard Luria**

Street Address (P.O. Box Number is Not Acceptable)
7774 Fisher Island Dr

City **Miami** FL Zip Code **33109**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	Leonard Luria Pres & Treas 7774 Fisher Island DR Miami FL 33109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gloria Luria - Sec 7774 Fisher Island DR Miami FL 33109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Peter Luria 1800 West 23 St Miami Beach FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hank Luria 3545 ST GAUDENS COCONUT GROVE FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Nancy Luria Cohen 1415 North View DR Miami Beach FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Leonard Luria Pres.** Date **2/12/03** Daytime Phone # **305 534 9500**

CR2E037B (12/02)