2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an a

SIGNATURE AND THED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # N11064 Apr 07, 2000 8:00 am Secretary of State 1. Entity Name THE NADEAU CHARITABLE FOUNDATION, INC. 04-07-2000 90028 012 ****61.25 Mailing Address Principal Place of Business % ERWIN M. VASQUEZ % ERWIN M. VASQUEZ 2600 NE 9TH STREET 2600 NE 9TH STREET FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304-3610 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2583522 Not Applicable Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.- Name and Address of Current Registered Agent-Name Street Address (P.O. Box Number is Not Acceptable) VASQUEZ, ERWIN M 2600 NE 9TH STREET FT. LAUDERDALE FL 33304 Zip Code City FL 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD ☐ Change ☐ Addition De ete TITLE TITLE VASQUEZ, ERWIN M DR. NAME NAME STREET ADDRESS 2600 NE NINTH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE SALLARULO, PAUL NAME STREET ADDRESS 4507 N.E. 25TH AVE STREET ADDRESS CITY-ST-ZIF CITY-ST-7IF FT. LAUDERDALE FL ☐ Change Addition ☐ Delete TITLE HESS, GEORGE F II NAME STREET ADDRESS STREET ADDRESS 2000 RIVERWALK PLAZA CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Change Addition ☐ Delete TITLE TITLE VASQUEZ, ELAINE NAME STREET ADDRESS STREET ADDRESS 2600 NE 9TH ST CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33304 ☐ Change ☐ Addition TITLE ☐ Delate TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if