

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12798

1. Entity Name

SEGAL FOUNDATION, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90062 039 ****61.25

Principal Place of Business 8180 NW 36ST 100 MIAMI FL 33166	Mailing Address 9400 S DADELAND BLVD #605 MIAMI FL 33156-2841 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2627839	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SAX, WILLIAM 8180 NW 36ST 100 MIAMI FL 33166

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SEGAL, JOSHUA J. 8180 NW 36TH ST., #100 MIAMI FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS SAX, WILLIAM 8180 NW 36TH ST., #100 MIAMI FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGAL, IRA 7400 N KENDALL DR #400 MIAMI FL ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 9400 S.DADELAND BLVD., STE 605 MIAMI, FL 33156 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ELIOT, NORMAN A. 9400 S. DADELAND BLVD., STE 605 MIAMI, FL 33156 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: SIGNATURE OF NORMAN A. ELIOT 4/13/00 (305) 670-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)