

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90268 014 ****61.25

DOCUMENT # N15221

1. Entity Name
PRIVATE FOUNDATIONS, INC.

Principal Place of Business 9350 S. DIXIE HWY. SUITE 1550 MIAMI FL 33156 US	Mailing Address 9350 S. DIXIE HWY. SUITE 1550 MIAMI FL 33156 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number **59-2693233** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MULLER, CHARLES E II
 9350 S. DIXIE HWY.
 SUITE 1550
 MIAMI FL 33156**

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		<input type="checkbox"/> Delete
TITLE NAME	PTD MULLER, CHARLES E. II	<input type="checkbox"/>
STREET ADDRESS	9350 S. DIXIE HWY., STE 1550	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	D LIPSON, GARY D	<input type="checkbox"/>
STREET ADDRESS	9350 S. DIXIE HWY., STE 1550	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE NAME	D LEWIS, WILLIAM C JR	<input type="checkbox"/>
STREET ADDRESS	9350 S. DIXIE HWY., STE 1550	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
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: *Charles Muller* **REQUIRE** President **1/23/01** 305-670-6770

CR2E037 (10/00)