2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State
04-09-2001 90026 024 ****61.25

0045698

DOCUMENT # N21382

1. Entity Name

THE DIANNE AND MICHAEL BIENES CHARITABLE FOUNDAT

Principal Place of Business	Mailing Address
141 BAY COLONY DRIVE FT. LAUDERDALE FL 33308	141 BAY COLONY DRIVE FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
ADOM - AEF	9401 BISCAYNE BLVD
Suite, Apt. #, etc. CHRIS SAILSBURY #AEF	Suite, Apt. #, etc. # AEF
City & State MIAMISHORES, FL	City & State MIAMISHORES, FL
Zip 33138 Country USA	Zip 33138 Country USA

4. FEI Number 65-0016668 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROGAN, FRANCIS B JR. 515 EAST LAS OLAS BLVD., STE. 1500 FT. LAUDERDALE FL 33301	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 _____
Signature, typed or printed name of registered agent and title if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~KELLEY~~, VINCENT T MONSIGN 4595 BAYVIEW DR. FT. LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition KELLY PLEASE CORRECT SPELLING OF THE LAST NAME
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD BIENES, DIANNE K 141 BAY COLONY DRIVE FT. LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ALL THE REST OF THE INFORMATION IS CORRECT. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BIENES, MICHAEL 141 BAY COLONY DRIVE FT. LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASTD BROGAN, FRANCIS B JR. 515 EAST LAS OLAS BLVD. FT. LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAHEEN, SUE 2541 NW 107TH AVENUE CORAL SPRINGS FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 REQUIRED 4-2-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #