2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State
03-14-2001 90522 023 ****70.00

0039160

DOCUMENT # N22745

1. Entity Name

HELENE D. ZIFF MEMORIAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
~~C/O ROSE. STEPHEN. E~~ 4200 BISCAYNE BLVD MIAMI FL 33137 US	~~C/O ROSE. STEPHEN. E~~ 4200 BISCAYNE BLVD MIAMI FL 33137 US

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-1008358 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~ROSE, STEPHEN E~~
4200 BISCAYNE BLVD
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name ROBERT A. SELTZER
Street Address (P.O. Box Number is Not Acceptable)
4200 BISCAYNE BLVD
City MIAMI **FL** Zip Code 33137

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 R A Seltzer 2/21/01
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	D ROSE, STEPHEN E 4200 BISCAYNE BLVD. MIAMI FL	☒ Delete	D/S ROBERT A. SELTZER 4200 BISCAYNE BLVD MIAMI, FL 33137	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JANIA M. VICTORIA 2999 BRICKELL AVE MIAMI FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZIFF, DEAN 2999 BRICKELL AVE. MIAMI FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, HARRY B. 1 GROVE ISLE DR. #309 MIAMI FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SOLOMON, JACOB 4200 BISCAYNE BLVD MIAMI FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NANCY LIPOFF 4200 BISCAYNE BLVD MIAMI FL	☐ Delete		☐ 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 2/21/01 305 576-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #