

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24103

1. Entity Name

THE MIOT FAMILY FOUNDATION, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90100 017 ****70.00

Principal Place of Business

Mailing Address

%MARTIN KALB
4200 BISCAYNE BLVD.
MIAMI FL 33137

%MARTIN KALB
4200 BISCAYNE BLVD.
MIAMI FL 33137-3210

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

65-0021932

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

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

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 D ☐ Delete
NAME ROSE, STEPHEN E.
STREET ADDRESS 4200 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HARTE, SAMUEL
STREET ADDRESS 7251 SW 129 ST
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SAMOLE, MYRON
STREET ADDRESS 13980 NW 58 COURT
CITY-ST-ZIP MIAMI LAKES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DCP ☐ Delete
NAME MIOT, SANFORD B.
STREET ADDRESS 4115 KIORA ST
CITY-ST-ZIP COCONUT GROVE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DAS ☐ Delete
NAME MIOT, ANGELA
STREET ADDRESS 4115 KIORA ST
CITY-ST-ZIP COCONUT GROVE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SOLOMON, JACOB
STREET ADDRESS 4200 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)