

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90057 038 ****70.00

DOCUMENT # N24103
 1. Entity Name
THE MIOT FAMILY FOUNDATION, INC.

Principal Place of Business Mailing Address
ROBERT A SELTZER **ROBERT A SELTZER**
4200 BISCAYNE BLVD. **4200 BISCAYNE BLVD.**
MIAMI FL 33137 **MIAMI FL 33137**



2. Principal Place of Business 3. Mailing Address
 Suite; Apt. #, etc. Suite; Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0021932 Not Applicable

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

6. Name and Address of Current Registered Agent
SELTZER, ROBERT A
4200 BISCAYNE BLVD.
MIAMI FL 33137

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

TITLE	DS	<input type="checkbox"/> Delete
NAME	SELTZER, ROBERT S	
STREET ADDRESS	4200 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARTE, SAMUEL	
STREET ADDRESS	7251 SW 129 ST	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAMOLE, MYRON	
STREET ADDRESS	13980 NW 58 COURT	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	DCP	<input type="checkbox"/> Delete
NAME	MIOT, SANFORD B.	
STREET ADDRESS	4115 KIORA ST	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	MIOT, ANGELA	
STREET ADDRESS	4115 KIORA ST	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOLOMON, JACOB	
STREET ADDRESS	4200 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Date: **3/04/02** Daytime Phone #: **305/576-4000**

CR2E037 (9/01)