

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90033 040 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N44290**  
 1. Entity Name  
**JOSEPH H. WALDHORN FOUNDATION, INC.**

Principal Place of Business      Mailing Address  
**4200 BISCAYNE BLVD.**      **4200 BISCAYNE BLVD.**  
**MIAMI FL 33137**      **MIAMI FL 33137-3210**

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

4. FEI Number      Applied For  
**65-0284541**      Not Applicable

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

Zip      Country      Zip      Country

**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  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, HARRY B.</b>	NAME	
STREET ADDRESS	<b>701 BRICKELL AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEGAL, MIKE</b>	NAME	
STREET ADDRESS	<b>175 N.W. 1ST AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLICKSTEIN, GARY (RABBI)</b>	NAME	
STREET ADDRESS	<b>4144 CHASE AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEPHEN E ROSE</b>	NAME	
STREET ADDRESS	<b>4200 BISCAYNE BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOLOMON, JACOB</b>	NAME	
STREET ADDRESS	<b>4200 BISCAYNE BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** *Stephen E Rose*      1/7/00      \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)