

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-07-2002 90056 027 ****61.25

DOCUMENT # N49780

1. Entity Name

THE FRITZ E. SCHARENBERG FOUNDATION, INC.

Principal Place of Business

Mailing Address

240 CRANDON BLVD.
 STE. 212
 KEY BISCAYNE FL 33149
 US

240 CRANDON BLVD.
 STE. 212
 KEY BISCAYNE FL 33149
 US

2. Principal Place of Business

3. Mailing Address

240 CRANDON BLVD

240 CRANDON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 202

STE 202

City & State

City & State

KEY BISCAYNE FLA

KEY BISCAYNE FLA

Zip

Country

Zip

Country

33149

U.S.A.

33149

U.S.A.

4. FEI Number

65-0418730

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

KIENE, JOSEPH H
240 CRANDON BLVD.
SUITE 202
KEY BISCAYNE FL 33149

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 **DPT** ☐ Delete
 NAME **SCHARENBERG, FRITZ E.**
 STREET ADDRESS **101 CRANDON BLVD., #175**
 CITY-ST-ZIP **KEY BISCAYNE FL**

TITLE ☒ Change ☐ Addition
 NAME **240 CRANDON BLVD #202**
 STREET ADDRESS **KEY BISCAYNE FL 33149**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **KIENE, JOSEPH H**
 STREET ADDRESS **240 CRANDON BLVD. #202**
 CITY-ST-ZIP **KEY BISCAYNE FL**

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

TITLE **D** ☒ Delete
 NAME **BLASI, ELLEN P**
 STREET ADDRESS **240 CRANDON BLVD. # 212**
 CITY-ST-ZIP **KEY BISCAYNE FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **JOSE PEREIRA**
 STREET ADDRESS **240 CRANDON BLVD #202**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

JOSEPH H KIENE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.8.02
 Date

305.361-2742
 Daytime Phone #

CR2037 (9/01)