2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002465 1. Entity Name 03-14-2001 90521 040 ****61.25 CHARLES S & SYLVIA WILLNER FAMILY FOUNDATION Principal Place of Business Mailing Address 19500 TURNBERRY WAY 19500 TURNBERRY WAY A0033211 APT #11A APT #11A AVENTURA, FL. 33180 AVENTURA, FL. 33180 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0530785 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Μ 1 В TIT NA ST CIT ПΙ NΑ ST aт пт NA STI CIT 1111 NA STI CIT TIT STI CIT ŦIT NA ST CIT 12

FILED Mar 14, 2001 8:00 am Secretary of State

ICHAEL FISHER, CPA				Street Address (P.O. Box Number is Not Acceptable)					
	V CORPORATE BLVD	# 300E		****					\neg
OCA R	ATON, FL. 33431		City			FL	Zip Co	de	\dashv
3. The above	named entity submits this statement	for the purpose of changing its	registered offic	e or registered agent,	or both, in the state o	f Florida.	1		\neg
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE									
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2. 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 cranged, or on an attachment with an address, with all other like empowered. SIGNATURE: Date Daylime Phone #									
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