

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N94000003504**

1. Entity Name

**THE DIANE STAR HELLER CHARITABLE FOUNDATION, INC****FILED****Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90336 018 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**50 WEST DI LIDO DRIVE  
MIAMI BEACH FL 33139****50 WEST DI LIDO DRIVE  
MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0504389**

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

**HELLER, DANIEL N  
14 N.E. 1ST AVENUE., SUITE 1205  
MIAMI FL 33132**

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  
NAME**D** ☐ DeleteSTREET ADDRESS  
CITY-ST-ZIP**HELLER, DIANE S  
50 WEST DI LIDO DRIVE  
MIAMI BEACH FL 33139**TITLE  
NAME☐ Change ☐ AdditionSTREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME**D** ☐ DeleteSTREET ADDRESS  
CITY-ST-ZIP**HELLER, DANIEL N  
50 WEST DI LIDO DRIVE  
MIAMI BEACH FL 33139**TITLE  
NAME☐ Change ☐ AdditionSTREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME**D** ☐ DeleteSTREET ADDRESS  
CITY-ST-ZIP**HELLER, BRIAN L  
9 ISLAND AVENUE., UNIT 1707  
MIAMI BEACH FL 33139**TITLE  
NAME☐ Change ☐ AdditionSTREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME☐ DeleteSTREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME☐ Change ☐ AdditionSTREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME☐ DeleteSTREET ADDRESS  
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NAME☐ DeleteSTREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME☐ Change ☐ AdditionSTREET 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:

*Diane Star Heller* **DIANE Star Heller****4/8/02 305-534-8383**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)