

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003854

1. Entity Name

ROBERT KARL FAMILY FOUNDATION, INC.

Principal Place of Business

4200 BISCAYNE BLVD
MIAMI FL 33137

Mailing Address

4200 BISCAYNE BLVD
MIAMI FL 33137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0604337

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

ROSE, STEPHEN E
4200 BISCAYNE BLVD
MIAMI FL 33137

Name

ROBERT A. SELTZER

Street Address (P.O. Box Number is Not Acceptable)

4200 BISCAYNE BLVD

City

MIAMI

FL

Zip Code

33137

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

TITLE	D	SOLOMON, JACOB	<input type="checkbox"/> Delete
NAME		4200 BISCAYNE BLVD	
STREET ADDRESS		MIAMI FL 33137	
CITY-ST-ZIP			
TITLE	D	ROSE, STEPHEN E	<input checked="" type="checkbox"/> Delete
NAME		4200 BISCAYNE BLVD	
STREET ADDRESS		MIAMI FL 33137	
CITY-ST-ZIP			
TITLE	D	BILZIN, BRIAN	<input type="checkbox"/> Delete
NAME		200 S BISCAYNE BLVD #2500	
STREET ADDRESS		MIAMI FL 33131	
CITY-ST-ZIP			
TITLE	D	KARL, ROBERT	<input type="checkbox"/> Delete
NAME		6500 SW 114 ST	
STREET ADDRESS		MIAMI FL 33156	
CITY-ST-ZIP			
TITLE	D	KARL, NILZA	<input type="checkbox"/> Delete
NAME		6500 SW 114 ST	
STREET ADDRESS		MIAMI FL 33156	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/S	ROBERT A. SELTZER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4200 BISCAYNE BLVD.	
STREET ADDRESS		MIAMI, FL 33137	
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			
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90042 001 ****70.00

00027150



DO NOT WRITE IN THIS SPACE

0039183

CR2E037 (10/00)