

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005934

1. Entity Name

MARCY MILLER LEWIS FAMILY FOUNDATION, INC.

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

03-14-2001 90484 027 ****70.00

Principal Place of Business

4200 BISCAYNE BLVD.
 MIAMI FL 33137

Mailing Address

4200 BISCAYNE BLVD.
 MIAMI FL 33137

730324



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0630525

Applied For

Not Applicable

Zip

Country

Zip

Country

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

2/21/01

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 D ☐ Delete
 NAME SOLOMON, JACOB
 STREET ADDRESS 4200 BISCAYNE BLVD.
 CITY-ST-ZIP MIAMI FL 33137

TITLE D/S ☐ Change ☒ Addition
 NAME HERBERT EISENBERG
 STREET ADDRESS 4200 BISCAYNE BLVD.
 CITY-ST-ZIP MIAMI, FL 33137

TITLE D ☒ Delete
 NAME ROSE, STEPHEN E
 STREET ADDRESS 4200 BISCAYNE BLVD.
 CITY-ST-ZIP MIAMI FL 33137

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

TITLE D ☐ Delete
 NAME CYPEN, STEPHEN H
 STREET ADDRESS 825 ARTHUR GODFREY ROAD
 CITY-ST-ZIP MIAMI BEACH FL 33140

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

TITLE PD ☐ Delete
 NAME LEWIS, MARCY M
 STREET ADDRESS 11111 BISCAYNE BLVD., PH-52
 CITY-ST-ZIP NORTH MIAMI FL 33161

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

TITLE VD ☐ Delete
 NAME MILLER, BESS
 STREET ADDRESS 10021 E. BROADVIEW DRIVE
 CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01

305-576-4000

Date

Daytime Phone #

CR2E037 (10/00)