

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **N96000000850**

Entity Name

THE FRIENDS OF WAINWRIGHT HAMMOCK, INC.**FILED**
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90042 038 ****61.25

Principal Place of Business	Mailing Address
BRICKELL AVENUE FL 33129	2999 BRICKELL AVENUE MIAMI FL 33129-2813

Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0750781	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZIFF, DEAN 2999 BRICKELL AVENUE MIAMI FL 33129	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

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: FEES IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D GRAJEWSKI, ALANA 2838 BRICKELL AVE MIAMI FL	<input type="checkbox"/>		
D ZIFF, DEAN 2999 BRICKELL AVE MIAMI FL	<input type="checkbox"/>		
D GROSSMAN, JAY 2838 BRICKELL AVE. MIAMI FL	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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: ASIGNOR TO ZERO: SCARFEND 4-20-00 305 545-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)