

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90024 017 ****61.25

DOCUMENT # N96000001310

1. Entity Name

KENNETH A. LATTMAN FOUNDATION, INC.

408129



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O F ABRAMSON 721 BILTMORE WAY, #302 CORAL GABLES FL 33134-7524 US	Mailing Address 1 SOUTHEAST THIRD AVENUE 721 BILTMORE WY CORAL GABLES FL 33134-7524
---	--

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

4. FEI Number 31-1466884	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAATTAMA, HENRY H JR
1 SOUTHEAST THIRD AVENUE
28TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

TITLE	D <input type="checkbox"/> Delete
NAME	LATTMAN, ALEX S
STREET ADDRESS	230 174TH STREET
CITY-ST-ZIP	MIAMI BEACH FL 33160
TITLE	D <input type="checkbox"/> Delete
NAME	LATTMAN, NORMA
STREET ADDRESS	230 174TH STREET
CITY-ST-ZIP	MIAMI BEACH FL 33160
TITLE	D <input type="checkbox"/> Delete
NAME	ABRAMSON, ELLIOTT
STREET ADDRESS	721 BILTMORE WAY
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	D <input type="checkbox"/> Delete
NAME	ABRAMSON-ROCHELLE, SHELLEY
STREET ADDRESS	721 BILTMORE WAY
CITY-ST-ZIP	CORAL GABLES FL
TITLE	D <input type="checkbox"/> Delete
NAME	ABRAMSON, JEROME
STREET ADDRESS	721 BILTMORE WAY
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	D <input type="checkbox"/> Delete
NAME	LYONS, MONICA
STREET ADDRESS	9 BOULDER CREEK CIRCLE
CITY-ST-ZIP	MADISON WS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Alex Lattman is deceased.</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Lattman, Norma</i>
STREET ADDRESS	<i>721 B. Hamore Way</i>
CITY-ST-ZIP	<i>Coral Gables, FL 33134</i>
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	<i>Abrahamson, Jerome</i>
STREET ADDRESS	<i>199 14th St, N.E.</i>
CITY-ST-ZIP	<i>Atlanta, Georgia 30309</i>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Lyons, Monica</i>
STREET ADDRESS	<i>140 N. Prospect</i>
CITY-ST-ZIP	<i>Madison, Wisconsin 53705</i>

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 I/we empowered.

SIGNATURE: *[Signature]* 1/29/02 (305) 445-6007

CR2E037 (9/01)