2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jan 09, 2003 8:00 am Secretary of State DOCUMENT # N9600003100 1. Entity Name 01-09-2003 90012 017 ****61.25 JOHN I. SMITH FOUNDATION, INC. Principal Place of Business Mailing Address 18350 N.W. 2ND AVE. 18350 N.W. 2ND AVE. SUITE 600 SUITE 600 MIAMI FL 33169 MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0677200 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CUSON, R. TERRY Street Address (P.O. Box Number is Not Acceptable) 18350 N.W. 2ND AVE. SUITE 600 **MIAMI FL 33169** Zip Code 8. The above named entity subn nent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered SIGNATURE Signature, typed or printed nan f registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE CUSON, R. TERRY ☐ Change NAME ■ Addition NAME STREET ADDRESS 18350 N.W. 2ND AVE., #600 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33169** CR2E037 CITY-ST-ZIP VPD TITLE ☐ Delete TITLE Change ROMANIK, TOM ☐ Addition NAME STREET ADDRESS 17601 N.W. 2ND AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33169 CITY-ST-ZIP SD TITLE ☐ Delete ☐ Change NAME KRAWITZ, TED Addition 1050 WILSHIRE CIRCLE WEST STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33027 CITY-ST-ZIP CITY-ST-ZIP TD ☐ Delete TITLE ☐ Change LINDGREN. KEITH ☐ Addition NAME NAME STREET ADDRESS 105 N.E. 183 ST. STREET ADDRESS CITY-ST-7IP MIAMI FL 33179 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change **Addition** NAME JOEL M. RANSFORD NAME 9580 Myslic Print Dr. PHS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change Addition NAME

12. I hereby certify that the information supplied windicated on this report or supplemental report the corporation or the recover or trustee of changed, or on an attachment with an additional contents. by does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if other like empowered.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

(9h5)690-9123

(10/02)

FILED