

FILED

Aug 20, 2002 8:00 am
Secretary of State

07-17-2002 90123 047 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006088

1. Entity Name
THE SOLOMON FAMILY FOUNDATION, INC.

Principal Place of Business
2665 SOUTH BAYSHORE DRIVE
STE 906
COCONUT GROVE FL 33133

Mailing Address
2665 SOUTH BAYSHORE DRIVE
STE 906
COCONUT GROVE FL 33133

41829

2. Principal Place of Business
1643 Brickell Avenue
Suite, Apt. #, etc.
Suite 4902
City & State
Miami, FL

3. Mailing Address
1643 Brickell Avenue
Suite, Apt. #, etc.
Suite 4902
City & State
Miami



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0717960 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE 7/10/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, min. will be \$236.25.

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 NAME STREET ADDRESS CITY-ST-ZIP	DPTS SOLOMON, MARTIN L. P.O. BOX 70 N/A COCONUT GROVE FL 33233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1643 Brickell Ave. / Ste 4902 Miami, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SOLOMON, SARA P.O. BOX 70 N/A COCONUT GROVE FL 33233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1643 Brickell Ave. / Ste 4902 Miami, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOLOMON, SEBASTIAN D. P.O. BOX 70 N/A COCONUT GROVE FL 33233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1643 Brickell Ave / Ste. 4902 Miami, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ilana C. Solomon 1643 Brickell Ave / Ste. 4902 Miami, FL 33129
TITLE 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
TITLE 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

CR2E037 (4/02)

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 _____ DATE 7/10/02 305.856.3103
Signature and typed or printed name of signing officer or director