

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

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90202 017 \*\*\*\*70.00

**DOCUMENT # N97000001122**

1. Entity Name  
**CAROLYN ROSEN MILLER FAMILY SUPPORTING FOUNDATIO  
N, INC.**



Principal Place of Business  
**4200 BISCAYNE BLVD  
MIAMI FL 33137**

Mailing Address  
**4200 BISCAYNE BLVD  
MIAMI FL 33137**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0735838**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SELTZER, ROBERT A  
4200 BISCAYNE BLVD  
MIAMI FL 33137**

7. Name and Address of New Registered Agent

Name **LANOE, STEPHEN C.**

Street Address (P.O. Box Number is Not Acceptable)  
**4200 BISCAYNE BLVD**

City **MIAMI** FL **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Stephen C. Lanoe* DATE **1/27/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>SMITH, HARRY B<br/>701 BRICKELL AVE<br/>MIAMI FL 33131</b>                    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>LEVY, HARRY A<br/>10800 BISCAYNE BLVD<br/>MIAMI FL 33161</b>                  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>SCHAECHTER, MARVIS<br/>3 GROVE ISLE DRIVE<br/>COCONUT GROVE FL 33137</b>      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>SOLOMON, JACOB<br/>4200 BISCAYNE BLVD<br/>MIAMI FL 33137</b>                  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DS<br/>SELTZER, ROBERT A<br/>4200 BISCAYNE BLVD<br/>MIAMI FL 33137</b>              | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>MILLER, CAROLYN ROSEN<br/>23 INDIAN CREEK ISLAND<br/>MIAMI BEACH FL 33154</b> | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DS<br/>LANOE, STEPHEN C.<br/>4200 BISCAYNE BLVD<br/>MIAMI, FL 33137</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: *Stephen C. Lanoe* DATE **1/27/03** **305-576-4000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)