## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 18, 2002 8:00 am Secretary of State DOCUMENT # **N97000002086** 1. Entity Name 04-18-2002 90402 024 \*\*\*\*61.25 THE BERTRAM AND SUZANNE SCHILD CHARITABLE FOUNDA TION, INCORPORATED Principal Place of Business Mailing Address 19955 NE 38 COURT 19955 NE 38 COURT #2102 #2102 **AVENTURA FL 33180 AVENTURA FL 33180** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 31-1534789 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required. 7. Name and Address of New Registered Agent .6. Name and Address of Current Registered Agent: Street Address (P.O. Box Number is Not Acceptable) TRAUM, SYDNEY S DF SEMET LICKSTÉIN MORGENSTERN ET AL 201 ALHAMBRA CIRCLE, STE 1200 CORAL GABLES FL 33134 Zip Code FL 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 na nlicable (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. **Department of State** Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Detete TITLE ☐ Change Addition SCHILD, BERTRAM NAME NAME 19955 NE 38 COURT, #2102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33180** CITY-ST-ZIP VSD ☐ Delete TITLE TITLE ☐ Addition Change SCHILD. SUZANNE LEE NAME NAME STREET ADDRESS 19955 NE 38 COURT, #2102 STREET ADDRESS CITY-ST-ZIP AVENTURA FL 33180 CITY-ST-ZIP TITLE TITE ☐ Delete ☐ Change Addition SCHILD, KENNETH NAME NAME 19955 NE 38 COURT, #2102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** TITLE ☐ Delete TITLE Change ☐ Addition SCHILD, MARK DAVID NAME NAME 19955 NE 38 COURT, #2102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Aventura FL 33180 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED