## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N97000006926

Entity Name: ESTI TOPFER FOUNDATION, INC.

FILED Jan 18, 2003 Secretary of State

Current Pi	rincipal Place	e of Business:	New Prin	New Principal Place of Business:		
	EWAY BLVD ELES, CA 900					
Current Mailing Address:			New Mai	New Mailing Address:		
	EWAY BLVD ELES, CA 900					
FEI Number: 65-0798086 FEI Number Applied For ( ) FEI			FEI Number Not Ap	Number Not Applicable ( ) Certificate of Status Desired ( )		
Name and	Address of (	Current Registered Agent:	Name an	d Address	of New Registered Agent:	
GRAFF, BE 10680 SW MIAMI, FL	92 AVE					
	named entity of Florida.	submits this statement for the p	ourpose of changing	ı its registere	ed office or registered agent, or both,	
SIGNATUF	RE:					
Electronic Signature of Registered Agent			ent	Date		
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	TOPFER, JEFI	RASS LN, UNIT 4301	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( TEICHNER, MI 11965 GORHA LOS ANGELES	M, <b>#</b> 5	Title: Name: Address: City-St-Zip:		(X) Change()Addition I, MIRIAM RHAM AVE, APT 202 ILES, CA 90049	
Title: Name: Address: City-St-Zip:	D ( TEICHNER, RO 11965 GORHA LOS ANGELES	M, <b>#</b> 5	Title: Name: Address: City-St-Zip:		(X) Change()Addition t, RODNEY RHAM AVE, APT 202 ELES, CA 90049	
Title: Name: Address: City-St-Zip:	D ( TEICHNER, DA 11937 GORHA LOS ANGELES	M #4	Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition t, DAVID EENLEAF STREET LES, CA 91423	
Title: Name: Address: City-St-Zip:	FORMAN, YAE 4318 VIA MAR		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( TEICHNER, AN 11937 GORHA LOS ANGELES	M, #4	Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition t, ANDREA EENLEAF STREET LES, CA 91423	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID TEICHNER D 01/18/2003