8/19

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State
08-19-2002 90151 021 ****50.00
09-11-2002 90103 007 ****20.00

DOCUMENT # N98000001266

1. Entity Name

BELA B. NEVAI AND CLARA NEVAI CHARITABLE FOUNDAT ION, INC.

Principal Place of Business	Mailing Address
100 SUNRISE AVENUE PALM BEACH FL 33480	100 SUNRISE AVENUE PALM BEACH FL 33480

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0835059 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEVAI, CLARA 100 SUNRISE AVENUE PALM BEACH FL 33480	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	D NEVAI, CLARA 100 SUNRISE AVENUE PALM BEACH FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEVAI, ANDRAS P.O. BOX 10861 N/A SEDONA AZ 86339	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FINE, ELI B 16657 SWEETBAY DRIVE DELRAY BEACH FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOMOGYI, ANNA M 36 LAKESHORE DRIVE PLEASANTVILLE NY 10570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Eli B. Fine Director 8/13/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 677894

#109800000012666

ELI B. FINE, C.P.A., P.C.
5 WEST MAIN STREET SUITE 103
ELMSFORD, NEW YORK 10523
PHONE 914-347-3759
FAX 914-347-0152

September 3, 2002

Florida Department of State
Division of Corporations
Box 6327
Tallahassee, Florida 32314

Re: Bela B. and Clara Nevai Foundation
FEIN 65-0835059

Gentlemen:

Please find enclosed check for $20.00, representing the following:

1. Balance per letter attached	**$11.25**
2. For Certificate of Status Desired	**8.75**
Total Check #1094 Enclosed	**$20.00**

Your letter of August 22, 2002 and your Form 2002 Uniform Business Report (UBR) is enclosed.

If there should be any problem, please direct your reply to my office.

Very truly yours,

ELI B. FINE, CPA PC

Eli B Fine, CPA

Eli B. Fine, CPA

Enc.