

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000002197**

1. Entity Name

THE SIMON ROZEN FOUNDATION FOR THE HIGHER EDUCAT**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90070 011 ****61.25

Principal Place of Business

ADAMS BUILDING SUITE 201
4701 N MERIDIAN AVE
MIAMI BEACH FL 33140

Mailing Address

ADAMS BUILDING SUITE 201
4701 N MERIDIAN AVE
MIAMI BEACH FL 33140-2910

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0890663

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROZEN, SIMON
ADAMS BUILDING SUITE 201
4701 N MERIDIAN AVE
MIAMI BEACH FL 33140

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:**FEE IS \$61.25**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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D						
	ALEMAN, DIANNE	9910 SW 142 STREET	MIAMI FL 33176				
	D						
	BECKER, THEODORE	177 OCEAN LANE DRIVE #514	KEY BISCAYNE FL 33149				
	D						
	GROSSMAN, MARTIN	4701 N MERIDIAN AVE SUITE E100	MIAMI BEACH FL 33140				
	D						
	MILONE, DOMINICK D	260 MONTAUK HWY.	BAY SHORE NY 11706				
	D						
	PIPPIN, DANIELLE	5217 SW 90TH TERR	COOPER CITY FL 33328				
	D						
	ROZEN, SIMON	4701 N MERIDIAN AVE STE 201	MIAMI BEACH FL 33140				

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/2000 305-535-3654