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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

				O1-	-25-2000 90070	OII	01.23	
Principal Plac	ce of Business	Mailing Address						
ADAMS BUILDING SUITE 201 4701 N MERIDIAN AVE MIAMI BEACH FL 33140		ADAMS BUILDING SUITE 201 4701 N MERIDIAN AVE MIAMI BEACH FL 33140-2910						
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SP	ACE	
City & State		City & State		4. FEI Number	65-0890663			plied For
Zip	Country	Zip	Country	5. Certificate of	of Status Desired		B.75 Addee Require	 litional
<u> </u>	6. Name and Address of Current	Registered Agent	'	7. Name and /	Address of New Reg	istered Ag	ent	
		70.790.00	Name					
ROZEN, S	SIMON BUILDING SUITE 201		Street Add	fress (P.O. Box Number	is Not Acceptable)			
	IERIDIAN AVE							
MIAMI BEACH FL 33140			City			FL	Zip Code	e
							<u> </u>	
8. The above	e named entity submits this statement for	or the purpose of changing its	registered office or re	egistered agent, or both	, in the state of Floric	fa.		
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	, ,							
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOTE	E: Registered Agent signature	required when reinstating)		DATE		
	41 - A	and the rappings.	riegisteled Agent algitatore	reduied when remistating		DAIL		
						*		
	FILE NOW:	9. Election Campaign	Cincacina	A A	44-1	^LL D-		
l .	* LIEF HALL		_	\$5.00 May Be		Čheck Pa		}
1	FEE IS \$61.25	Trust Fund Contrib	_	\$5.00 May Be Added to Fees		cneck Pa artment o		•
	FEE IS \$61.25	Trust Fund Contrib	ution.	Added to Fees	Depa	artment o	f State	
10.	FEE IS \$61.25	Trust Fund Contrib	_	Added to Fees		artment o	f State	
10. TITLE	OPFICERS AND DIE	Trust Fund Contrib	ution.	Added to Fees	Depa	AND DIRE	f State	
	OFFICERS AND DIE	Trust Fund Contrib	TITLE NAME	Added to Fees	Depa	AND DIRE	of State	10
TITLE NAME STREET ADDRESS	OPFICERS AND DIE	Trust Fund Contrib	TITLE NAME STREET ADDRESS	Added to Fees	Depa	AND DIRE	of State	10
TITLE NAME	OFFICERS AND DIE	Trust Fund Contrib	TITLE NAME	Added to Fees	Depa	AND DIRE	of State	10
TITLE NAME STREET ADDRESS	OFFICERS AND DIE D. ALEMAN, DIANNE 9910 SW 142 STREET	Trust Fund Contrib	TITLE NAME STREET ADDRESS	Added to Fees	Depa	AND DIRE	of State	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE D ALEMAN, DIANNE 9910 SW 142 STREET MIAMI FL 33176 D	Trust Fund Contrib	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	Depa	AND DIRE	of State CTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIE D. ALEMAN, DIANNE 9910 SW 142 STREET MIAMI FL 33176 D BECKER, THEODORE	Trust Fund Contrib	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees	Depa	AND DIRE	of State CTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIE D ALEMAN, DIANNE 9910 SW 142 STREET MIAMI FL 33176 D BECKER, THEODORE 177 OCEAN LANE DRIVE #514	Trust Fund Contrib	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees	Depa	AND DIRE	of State CTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIE D. ALEMAN, DIANNE 9910 SW 142 STREET MIAMI FL 33176 D BECKER, THEODORE	Trust Fund Contrib	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	Depa	AND DIRE	T State CTORS IN Change Change	10 Addition
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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: