FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 21, 2001 8:00 am DOCUMENT # N98000002197 **Secretary of State** 1. Entity Name 03-21-2001 90052 015 ****61.25 THE SIMON ROZEN FOUNDATION FOR THE HIGHER EDUCAT Principal Place of Business Mailing Address ADAMS BUILDING SUITE 201 ADAMS BUILDING SUITE 201 731981 4701 N MERIDIAN AVE 4701 N MERIDIAN AVE MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 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 65-0890663 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) ROZEN, SIMON **ADAMS BUILDING SUITE 201** 4701 N MERIDIAN AVE Zip Code MIAMI BEACH FL 33140 City 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Addition TITLE Delete ALEMAN, DIANNE NAME NAME STREET ADDRESS 9910 SW 142 STREET STREET ADDRESS CITY-ST-ZIP **MIAM! FL 33176** CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change BECKER, THEODORE NAME NAME STREET ADDRESS 177 OCEAN LANE DRIVE #514 STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP_ **KEY BISCAYNE FL 33149** TITLE Delete TITLE ☐ Change ☐ Addition GROSSMAN, MARTIN NAME NAME 4701 N MERIDIAN AVE SUITE E100 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP MIAMI BEACH FL 33140 ☐ Delete TITLE TITLE ☐ Change Addition MILONE, DOMINICK D NAME NAME STREET ADDRESS 260 MONTAUK HWY. STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP BAY SHORE NY 11706 TITLE Delete Change ☐ Addition TITLE NAME PIPPIN; DANIELLE NAME 5217 SW-90TH TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COOPER CITY FL 33328 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ROZEN, SIMON NAME NAME STREET ADDRESS 4701 N MERIDIAN AVE STE 201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.



Daytime Phone #