2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9800005365

1. Entity Name

9350 BAY HARBOR DR. W.

M & W AGENTS, INC.

BOCA RATON FL 33431

2101 CORPORATE BLVD., STE. 107

FAY AND RICHARD ZINN FAMILY FOUNDATION, INC.



Principal Place of Business Mailing Address

APT 5A
BAY HARBOR ISLANDS FL 33154

2. Principal Place of Business

3. Mailing Address

6. Name and Address of Current Registered Agent

2. Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

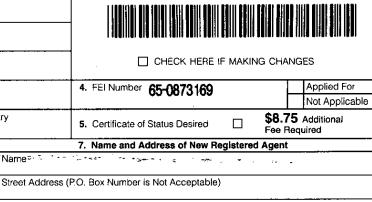
City & State

Zip

9350 BAY HARBOR DR. W.

FILED Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90064 042 ****61.25



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.

9. Election Campaign Financing

Trust Fund Contribution.

Country

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

Zip

FILE NOW: FEE IS \$61.25

Country

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State

DATE

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10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZINN, FAY 9350 W BAY HARBOR DR APT 5A BAY HARBOR ISLANDS FL 33154	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZINN, RICHARD 7775 NW 48TH STASTE 110 MIAMI FL 33166-	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REINHARD, SANFORD 2875 NE 191ST STE 404 AVENTURA FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		المراجعة المراجعة المستقدمة	~ □ :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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

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 REQUIRSO

7/200

4127/03

CR2E037 (10/02)