

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

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

04-30-2003 90306 010 \*\*\*\*61.25

**DOCUMENT # N98000007041**

1. Entity Name  
**LNR FOUNDATION, INC.**



Principal Place of Business  
**760 N.W. 107TH AVE., STE. 300  
MIAMI FL 33172**

Mailing Address  
**760 N.W. 107TH AVE., STE. 300  
MIAMI FL 33172**

2. Principal Place of Business

3. Mailing Address



☐ CHECK HERE IF MAKING CHANGES

1601 Washington Ave., Suite 800  
Miami Beach, FL 33139

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Miami Beach, FL 33139

4. FEI Number **65-0881678**

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

**RUBIN, SHELLY  
760 N.W. 107TH AVE., STE. 300  
MIAMI FL 33172**

Name  
  
1601 Washington Ave., Suite 800  
Miami Beach, FL 33139

ble)

**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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☐ Delete  
NAME **MILLER, STUART**  
STREET ADDRESS **700 N.W. 107TH AVE., STE. 400**  
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **DP** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **KRASNOFF, JEFFREY**  
STREET ADDRESS **760 N.W. 107TH AVE., STE. 300**  
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1601 Washington Ave., Suite 800**  
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **DVPS** ☐ Delete  
NAME **SAIONTZ, STEVEN**  
STREET ADDRESS **760 NW 107TH AVE STE314**  
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **848 Brickell Avenue, #100**  
CITY-ST-ZIP **Miami, FL 33131**

TITLE **J** ☐ Delete  
NAME **KRASNOFF, JEFFREY P**  
STREET ADDRESS **760 NW 107 AVE, STE 300**  
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **J** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1601 Washington Ave., Suite 800**  
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **JEFFREY KRASNOFF** 4/25/03 305/695-6500

CR2E037 (10/02)