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

DOCUMENT # N9900000329

1. Entity Name

THE EINSTEIN FOUNDATION, INC.



FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90135 025 ****61.25

St. PETERSBURG FL 33713 St. PETERSBURG FL 33713 St. PETERSBURG FL 33713 St. PETERSBURG FL 33713 St. Mail ng Address Suite, Apt. #, etc. Chy 6. State Chy 6. State	THE CHAO	·										
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALONZO, DANIELLA 3403 BARTION, ROAD POMPANO BEACH FL 33062 City FL Zip Code 6. 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, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an familiar with, an interest agent a		<u> </u>	, ,	,				Not Applicable			t Applicable	
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AGO BARTON, ROAD POMPANO BEACH FL 33062 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. I am familiar with, an the obligations of registered agent. SIGNATURE S	ALONZO, DANIELLA					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. I am familiar with, an the obligations of registered agent. SIGNATURE SIGNATURE Signature, types or printed name of registered agent and take it applicable. NOTE Registered Agent algebrature required when relatating) DATE \$\$\frac{2}{5}\text{FILE NOW: FEE IS \$61.25}\$ 9. Election Campaign Financing	3403 BAR	TON ROAD		خابام د میکستان			,					
B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent. SIGNATURE SIGNA	POMPANO	D BEACH FL 33062				City		···· =- · · ·		7in Cod	2	
SIGNATURE Signature Nybod or printed name of registered agent and take if appricable. (NOTE Registered Agent alignature required when ministating) DATE						·				L		
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS	SIGNATURE _		and title if applic	able. (NOTE:	Registere	d Agent signature re	aquired	when reinstating)	DATE	<u> </u>		
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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:

CLASTIVELESE CAMEREKILEIN CL

4-11-2003

727-323-2013