

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002838

1. Entity Name

CLARENCE WOLF JR. AND ALMA B. WOLF FOUNDATION, I

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90222 022 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1101 BRICKELL AVE., STE. 800  
MIAMI FL 33131

1101 BRICKELL AVE., STE. 800  
MIAMI FL 33131-3149

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0920365

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

INTERSTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE., STE. 2800  
MIAMI FL 33131

Name

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.

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

D  
KWAL, RICHARD M  
1101 BRICKELL AVE., STE. 800  
MIAMI FL 33131

☐ Delete

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

D  
RUBIN, GAIL DR.  
1101 BRICKELL AVE., STE. 800  
MIAMI FL 33131

☐ Delete

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

D  
HAGEN, STEVEN H  
701 BRICKELL AVE., STE. 3000  
MIAMI FL 33131

☐ Delete

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

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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:

*Richard M. Kwal* Richard M. Kwal

4/14/00

305-577-6008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)