

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005040

1. Entity Name

THE BEIT ISSIE SHAPIRO ENDOWMENT FUND, INC.

Principal Place of Business

7900 ISLAND BLVD
AVENTURA FL 33180

Mailing Address

7900 ISLAND BLVD
AVENTURA FL 33180

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0985038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSE, STEPHEN E
7900 ISLAND BLVD
AVENTURA FL 33180

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete
NAME SOLOMON, JACOB
STREET ADDRESS 4200 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33137

TITLE D ☐ Delete
NAME ROSE, STEPHEN E
STREET ADDRESS 4200 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33137

TITLE D ☐ Delete
NAME TRUMP, WILLIAM
STREET ADDRESS 7900 ISLAND BLVD
CITY-ST-ZIP AVENTURA FL 33180

TITLE D ☐ Delete
NAME TRUMP, JULIUS
STREET ADDRESS 7900 ISLAND BLVD
CITY-ST-ZIP AVENTURA FL 33180

TITLE D ☐ Delete
NAME TRUMP, EDDIE
STREET ADDRESS 7900 ISLAND BLVD
CITY-ST-ZIP AVENTURA FL 33180

TITLE D ☐ Delete
NAME TRUMP, STEPHANIE
STREET ADDRESS 7900 ISLAND BLVD
CITY-ST-ZIP AVENTURA FL 33180

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90004 035 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)