

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729846

1. Entity Name

DIABETES RESEARCH INSTITUTE FOUNDATION, INC.

Principal Place of Business

3440 HOLLYWOOD BLVD
STE 100
HOLLYWOOD FL 33021
US

Mailing Address

3440 HOLLYWOOD BLVD.
#100
HOLLYWOOD FL 33021-6900
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1361955

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

KATZ, THOMAS O. ESQ
RUDEN, MCCLOSKEY, SMITH
200 EAST BROWARD BLVD 15TH FLOOR
FT LAUDERDALE FL 33301

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 ☐ Delete
NAME AISSIN, DAVID MR & MRS
STREET ADDRESS 12015 SW 94TH TERRACE
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete
NAME SONBERG, STEVEN
STREET ADDRESS 2 EAST BROWARD BLVD, STE 1300
CITY-ST-ZIP FT LAUDERDALE FL

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

TITLE D ☐ Delete
NAME BEBER, BERNARD DR & MRS
STREET ADDRESS 7345 SW 133 TERRACE
CITY-ST-ZIP MIAMI FL

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

TITLE EVP ☐ Delete
NAME PEARLMAN, ROBERT A
STREET ADDRESS 6737 PORTSIDE
CITY-ST-ZIP BOCA RATON FL

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

TITLE D ☐ Delete
NAME CALLES, JUAN MR & MRS
STREET ADDRESS 1120 ALFONSO AVENUE
CITY-ST-ZIP CORAL GABLES FL

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

TITLE D ☐ Delete
NAME SHELTON, JAMES C
STREET ADDRESS 310 E ROYAL PALM ROAD
CITY-ST-ZIP BOCA RATON FL

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:

Robert A. Pearlman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90027 027 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)