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

**FILED**
**Jan 27, 2003 8:00 am**
**Secretary of State**
01-27-2003 90367 023 ****61.25

DOCUMENT # 729846

1. Entity Name
DIABETES RESEARCH INSTITUTE FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3440 HOLLYWOOD BLVD<br>STE 100<br>HOLLYWOOD FL 33021<br>US | 3440 HOLLYWOOD BLVD.<br>#100<br>HOLLYWOOD FL 33021<br>US |

☐ CHECK HERE IF MAKING CHANGES

| 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<br>RUDEN, MCCLOSKY, SMITH<br>200 EAST BROWARD BLVD 15TH FLOOR<br>FT LAUDERDALE FL 33301 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>AISSEN, DAVID MR & MRS<br>12015 SW 94TH TERRACE<br>MIAMI FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>Singer, Sheldon<br>3714 Red Maple Circle<br>Delray Beach, FL 33445 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SONBERG, STEVEN<br>701 BRICKELL AV STE 3000<br>MIAMI FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BEBER, BERNARD DR & MRS<br>7345 SW 133 TERRACE<br>MIAMI FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | EVP<br>PEARLMAN, ROBERT A<br>6737 PORTSIDE<br>BOCA RATON FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CALLES, JUAN MR & MRS<br>1120 ALFONSO AVENUE<br>CORAL GABLES FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SHELTON, JAMES C<br>310 E ROYAL PALM ROAD<br>BOCA RATON FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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 REQUI Robert A. Pearlman Jan 24, 2003 (954) 964-4040