

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 747258

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: GERTRUDE AND PHILIP STRAX BREAST CANCER RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

1859 N. PINE ISLAND RD.
#301
PLANTATION, FL 33322

New Principal Place of Business:

1844 N. NOB HILL ROAD
410
PLANTATION, FL 33322

Current Mailing Address:

1859 N. PINE ISLAND RD.
#301
PLANTATION, FL 33322

New Mailing Address:

1844 N. NOB HILL ROAD
410
PLANTATION, FL 33322

FEI Number: 59-2115197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, GAYLE
950 MOCKINGBIRD LANE
#614
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARTIN, GAYLE,
Address: 950 MOCKINGBIRD LANE
City-St-Zip: PLANTATION, FL

Title: TD () Delete
Name: RUBINOWITZ, EVELYN
Address: 617 BALDWIN DR.
City-St-Zip: WEST HEMPSTEAD, NY 11552

Title: VSD () Delete
Name: GARDNER, MARY ANN
Address: 28889 GARDNER RD
City-St-Zip: ELBERTA, AL 36530

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARTIN, GAYLE
Address: 950 MOCKINGBIRD LANE
City-St-Zip: PLANTATION, FL 33324

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAYLE MARTIN

PRES

04/29/2002

Electronic Signature of Signing Officer or Director

Date