

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90193 028 \*\*\*\*61.25

**DOCUMENT #** F98 000005785 ✓  
**1. Entity Name**  
 La Romana Emergency Relief Fund, Inc.

<b>Principal Place of Business</b> 5900 North Andrews Avenue Suite 1000 Ft. Lauderdale, FL 33309	<b>Mailing Address</b> 5900 North Andrews Avenue Suite 1000 Ft. Lauderdale, FL 33309
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**4. FEI Number**  
65-0867290

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

Applied For  Not Applicable

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

The Prentice-Hall Corporation System, Inc.  
 1201 Hays Street  
 Tallahassee, FL 32301

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW:</b> FEE IS \$61.25	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	V. <input type="checkbox"/> Delete
NAME	Parnofiello, James M.
STREET ADDRESS	5900 North Andrews Avenue
CITY-ST-ZIP	Fort Lauderdale, FL 33309
TITLE	CD <input type="checkbox"/> Delete
NAME	Folz, Theo W.
STREET ADDRESS	5900 North Andrews Avenue
CITY-ST-ZIP	Fort Lauderdale, FL 33309
TITLE	D <input type="checkbox"/> Delete
NAME	Ellis, Gary R.
STREET ADDRESS	5900 North Andrews Avenue
CITY-ST-ZIP	Fort Lauderdale, FL 33309
TITLE	D <input type="checkbox"/> Delete
NAME	Aiello, Melissa
STREET ADDRESS	5900 North Andrews Avenue
CITY-ST-ZIP	Fort Lauderdale, FL 33309
TITLE	D. <input type="checkbox"/> Delete
NAME	Oddo, Robert
STREET ADDRESS	4410 N. State Rd 7, Ste. 100, Bldg
CITY-ST-ZIP	Fort Lauderdale, FL 33319 J
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **Gary R. Ellis, Director** 4/6/2000 (954) 772-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)