

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

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90040 040 ****61.25

DOCUMENT # F98000005785



1. Entity Name
LA ROMANA EMERGENCY RELIEF FUND, INC.

Principal Place of Business
**5900 NORTH ANDREWS AVE., STE 1000
FORT LAUDERDALE FL 33309**

Mailing Address
**5900 NORTH ANDREWS AVE., STE 1000
FORT LAUDERDALE FL 33309**

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 **65-0867290**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

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. 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	D	<input type="checkbox"/> Delete
NAME	ODDO, ROBERT	
STREET ADDRESS	4410 N STATE RD 7, STE 100, BLDG J	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FOLZ, THEO W	
STREET ADDRESS	5900 NORTH ANDREWS AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ELLIS, GARY R	
STREET ADDRESS	5900 NORTH ANDREWS AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	AIELLO, MELISSA	
STREET ADDRESS	5900 NORTH ANDREWS AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 Ellis*

(954) 772-9000

CR2E037 (10/02)