

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-29-2002 90127 014 ****61.25

DOCUMENT # N00000005487

1. Entity Name

DANIELLE DEMARZO FOUNDATION, INC.

Principal Place of Business

Mailing Address

8971 NORTHWEST 13 COURT
 CORAL SPRINGS FL 33071

8971 NORTHWEST 13 COURT
 CORAL SPRINGS FL 33071

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

31-1805378
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEMARZO, JEANNIE
8971 NORTHWEST 13 COURT
CORAL SPRINGS FL 33071

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	PF	<input type="checkbox"/> Delete
NAME	DEMARZO, JEANNIE	
STREET ADDRESS	8971 NW 13 CT	
CITY-ST-ZIP	POMPANO BEACH FL 33071	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DEMARZO, FRANK JR	
STREET ADDRESS	8971 NW 13 CT	
CITY-ST-ZIP	POMPANO BEACH FL 33071	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEMARZO, DANIELLE	
STREET ADDRESS	8971 NW 13 CT	
CITY-ST-ZIP	POMPANO BEACH FL 33071	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEMARZO, JENNIFER M	
STREET ADDRESS	8971 NW 13 CT	
CITY-ST-ZIP	POMPANO BEACH FL 33071	
TITLE	Pat Lang (D)	<input type="checkbox"/> Delete
NAME	Pat Lang (D)	
STREET ADDRESS	11014 SW 11 Place	
CITY-ST-ZIP	Davie FL 33324	
TITLE	Judi Antonoff (D)	<input type="checkbox"/> Delete
NAME	Judi Antonoff (D)	
STREET ADDRESS	8101 SW 24 street	
CITY-ST-ZIP	N. Lauderdale FL 33068	

TITLE	(D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daisy Cohen	
STREET ADDRESS	1640 W. Oak Knoll Circle	
CITY-ST-ZIP	Fort Lauderdale FL 33324	
TITLE	(D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Carmine Mandarano	
STREET ADDRESS	1445 Long Beach Drive	
CITY-ST-ZIP	Big Pine Key, FL 33042	
TITLE	(D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary Margolis	
STREET ADDRESS	7369 Sheridan St Suite 201	
CITY-ST-ZIP	Hollywood, FL 33024	
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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/02

Date

Daytime Phone #

CR2E037 (9/01)