

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12127

1. Entity Name

MAKE-A-WISH FOUNDATION OF SOUTH FLORIDA, INC.

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90070 026 \*\*\*\*70.00

Principal Place of Business

Mailing Address

2901 STIRLING ROAD  
~~STE-210~~  
 FT LAUDERDALE FL 33312  
 US

2901 STIRLING ROAD  
~~STE-210~~  
 FT LAUDERDALE FL 33312-6529  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

\* 200

Suite, Apt. #, etc.

# 200

City & State

City & State

4. FEI Number

59-2620322

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STROM, NANCY  
 9860 SW 3 CT  
 PLANTATION FL 33324

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	D	<input type="checkbox"/> Delete
NAME	THOMPSON, JEFFREY	
STREET ADDRESS	2810 RIVERLAND RD	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	<del>E</del>	<input type="checkbox"/> Delete
NAME	DE ARMAS, IDALBERTO	
STREET ADDRESS	440 SW 29TH ROAD	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LAZARRO, MARK	
STREET ADDRESS	1175 FAIRFAX LN	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	<del>V</del>	<input type="checkbox"/> Delete
NAME	DAVIS, GARY	
STREET ADDRESS	200 S. BISCAYNE BLVD #4000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	T	<input type="checkbox"/> Delete
NAME	DERNAR, STEVEN	
STREET ADDRESS	2699 S BAYSHORE DR #400	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<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	C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Demar	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marsha Rimokh	
STREET ADDRESS	6694 Casa Grande Way	
CITY-ST-ZIP	Delray Beach, FL 33446	

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 REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/00 954 967-9474  
 Date DayTime Phone #

CR2E037 (9/99)