

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90014 008 ****70.00

0039034

DOCUMENT # N41887

1. Entity Name

THE BUONICONTI FUND TO CURE PARALYSIS, INC.

Principal Place of Business

1600 NW 10 AVENUE (R-48)
 MIAMI FL 33136

Mailing Address

1600 NW 10 AVENUE (R-48)
 MIAMI FL 33136

R0059193

2. Principal Place of Business

1095 NW 14 Terrace

3. Mailing Address

PO Box 016960, R-48

Suite, Apt. #, etc.

2-47

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0244316

Applied For

Not Applicable

Zip

33136

Country

Dade

Zip

33101

Country

Dade

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

RAATTAMA, HENRY H JR
% AKERMAN, SENTERFITT & EIDSON, P.A.
ONE S.E. 3RD AVE., 28TH FLOOR
MIAMI FL 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP | D HANLON, TIMOTHY D 2104 WILKINSON PLACE ALEXANDRIA VA | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C SCHNEDIER, JOHN A 711 FIFTH AVENUE, 9TH FLOOR NEW YORK NY | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BERNING, DIANA C 1600 NW 10 AVENUE, 4-48 MAIMI FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STOKKAN, WILLIAM 1600 NW 10 AVE, R-48 MIAMI FL 33136 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUONICONTI, NICHOLAS A 445 GRAND BAY DRIVE KEY BISCAYNE FL 33145 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCS BUONICONTI, MARC 10 EDGEWATER DR, 9-H CORAL GABLES FL 33133-2314 | <input type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Diana C. Berning 1095 NW 14 Terrace Miami, FL 33136 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Diana C. Berning **Diana C. Berning, Treasurer 05/30/01 (305) 243-7154**

CR2E037 (10/00)