2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N97000001059 THE CHELSEA FUND FOR S.I.D.S. RESEARCH INC.					FILED Feb 05, 2000 8:00 am Secretary of State 02-05-2000 90042 022 ****70.00			
14275 S.W. 74TH AVENUE MIAMI FL 33158 2. Principal Place of Business Suite, Apt. #, etc. City & State		14275 S.W. 74TH AVENUE MIAMI FL 33158-1605 3. Mailing Address Suite, Apt. #, etc. City & State			A UU18U2Y DO NOT WRITE IN THIS SPACE			
				4. FEI Numb	4. FEI Number Applied Fo			
Zip	Country	Zip	Country	5. Certificate	of Status Desired	X	\$8.75 Add	ditional
	6. Name and Address of Curre	nt Registered Agent	<u></u>	7. Name and	Address of Nev	w Registered		
	33158		City			FL	Zip Code	е
	e named entity submits this statement The statement of t	ent and title if applicable. (NOT) 9. Election Campaign	registered office o	ture required when reinstating)	M	Plorida. DATE ake Check	Payable to	
SIGNATURE	e named entity submits this statement Signature, typed or printed name of registered age FILE NOW: FEE IS \$61.25	ent and title if applicable. (NOT 9. Election Campaigr Trust Fund Contrib	registered office o	\$5.00 May Be Added to Fees	M	DATE ake Check Departmen	Payable to)
8. The above SIGNATURE 10. TITLE NAME STREET ADDRESS.	e named entity submits this statement Stgnature, typed or printed name of registered age FILE NOW: FEE IS \$61.25 OFFICERS AND I DP MYRNA GROSSMAN 6919 PARADISE PT DR	ent and title if applicable. (NOT 9. Election Campaigr Trust Fund Contrib	registered office o E: Registered Agent signa n Financing ution. 11. TITLE	\$5.00 May Be Added to Fees	M. I	DATE AKE Check Departmen CERS AND DI	Payable to	110
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10. TITLE NAME STREET ADDRESS. CITY-ST-ZIP TITLE NAME STREET ADDRESS	FILE NOW: FEE IS \$61.25 OFFICERS AND I DP MYRNA GROSSMAN SALS PARADISE PT SR MAMI FL 33157 DV SANDY PALENT 14275 SW 74TH AVE MIAMI FL 33158 DS INA JACKOWITZ 78 NW 108TH TERR PLANTATION FL 33324 T EDWIN PALENT 14275 SW 74TH AVE	9. Election Campaigr Trust Fund Contrib DIRECTORS Delete	registered office o E: Registered Agent signal n Financing ution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees	M. I	DATE AKE Check Departmen CERS AND DI	Payable to to of State IRECTORS IN Change	110
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12. I hereby certify that the information supplied with this filling 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 AND TYPED OF PRINTED NAMEOF SIGNING OFFICER OR DIRECTOR

Daylime Phone **