

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N97000003543**

1. Entity Name

**CANCER RESEARCH NETWORK, INC.**

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90095 026 \*\*\*\*70.00

|   |  |
|---|--|
| Principal Place of Business<br>111 S 17TH AVE<br>HOLLYWOOD FL 33020<br>US | Mailing Address<br>111 S 17TH AVE<br>HOLLYWOOD FL 33020-6801<br>US |
|---|--|



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>111 SOUTH 17 AVENUE</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>111 SOUTH 17 AVENUE</b><br>Suite, Apt. #, etc. |
| City & State<br><b>HOLLYWOOD, FLORIDA</b>   | City & State<br><b>HOLLYWOOD, FLORIDA</b>                               |
| Zip<br><b>33020</b>   | Zip<br><b>33020</b>   |
| Country<br><b>USA</b>   | Country<br><b>USA</b>   |

|   |  |
|---|--|
| 4. FEI Number<br><b>31-1540728</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

6. Name and Address of Current Registered Agent

**GRANADO, FRANCE BEAULIEU**  
**111 S 17TH AVE**  
**HOLLYWOOD FL 33020**

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: *France Beaulieu Granado* DATE: **AUGUST 3, 2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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**

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|   |  |
|---|--|
| <p><b>D</b> <input checked="" type="checkbox"/> Delete<br/> <b>TUCKERMAN, DONALD</b><br/>                 ADDRESS: 16071 VIA MONTEVERDE<br/>                 ST-ZIP: DELRAY BEACH FL 33446</p>            | <p><b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br/> <b>ANDREW GOLD</b><br/>                 TITLE: KLUGER, PERETZ, KRPLAN AND BERLIN, A<br/>                 STREET ADDRESS: 1 EAST BROWARD BOULEVARD, SUITE 1701<br/>                 CITY-ST-ZIP: FORT LAUDERDALE, FLORIDA 33301</p> |
| <p><b>VC</b> <input checked="" type="checkbox"/> Delete<br/> <b>SCHEPPE, JUDGE D</b><br/>                 ADDRESS: 19195 MYSTIC POINT DR APT 2206<br/>                 ST-ZIP: AVENTURA FL 33180-4509</p> | <p><b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br/> <b>HARRIET ROBIN</b><br/>                 TITLE: NORTHERN TRUST BANK<br/>                 STREET ADDRESS: 2001 AVENTURA BOULEVARD<br/>                 CITY-ST-ZIP: AVENTURA, FLORIDA 33180</p>                                    |
| <p><b>T</b> <input checked="" type="checkbox"/> Delete<br/> <b>BELL, DAVID</b><br/>                 ADDRESS: 3001 AVENTURA BLVD<br/>                 ST-ZIP: AVENTURA FL 33150</p>                        | <p><b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br/> <b>CARLTON CAMPBELL</b><br/>                 TITLE: MIRAMAR HIGH SCHOOL<br/>                 STREET ADDRESS: 3601 S.W. 89th AVENUE<br/>                 CITY-ST-ZIP: MIRAMAR, FLORIDA 33325</p>                                    |
| <p><b>C</b> <input checked="" type="checkbox"/> Delete<br/> <b>TISHMAN, WILLIAM</b><br/>                 ADDRESS: 6700 STIRLING ROAD<br/>                 ST-ZIP: DAVID FL 33314</p>                      | <p><input type="checkbox"/> Change <input type="checkbox"/> Addition<br/> <b>AVENTURA MARKETING COUNCIL</b><br/>                 STREET ADDRESS: 3575 N.E. 207th STREET, B-16<br/>                 CITY-ST-ZIP: AVENTURA, FLORIDA 33180</p>  |
| <p><b>S</b> <input type="checkbox"/> Delete<br/> <b>ADLER, ELAINE</b><br/>                 ADDRESS: 20801 BISCAYNE BLVD STE 445<br/>                 ST-ZIP: AVENTURA FL 33180</p>                        | <p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br/> <b>KAMINSKY, IRA</b><br/>                 TITLE: MIRAMAR HIGH SCHOOL<br/>                 STREET ADDRESS: 3601 SW 89TH AVE<br/>                 CITY-ST-ZIP: MIRAMAR FL 33325</p>   |

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 empowerments.

SIGNATURE: *Elaine Adler* DATE: **AUGUST 3, 2000** DAYTIME PHONE #: **(305) 932-5334**

Signature and typed or printed name of signing officer or director

CR2E037 (9/99)