

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # 704323

1. Entity Name

NATIONAL PARKINSON FOUNDATION, INC.

Principal Place of Business

1501 N.W. 9TH AVENUE
MIAMI FL 33136
US

Mailing Address

1501 N.W. 9TH AVENUE
MIAMI FL 33136-1407
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLEWETT, NATHAN
1501 N.W. 9TH AVENUE
MIAMI FL 33136

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	SLEWETT, NATHAN	DIRECTOR
STREET ADDRESS	1501 N.W. 9TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	P	<input type="checkbox"/> Delete
NAME	ZEMEL, HERBERT C.	DIRECTOR
STREET ADDRESS	1501 N.W. 9TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ABEL, DAVID	DIRECTOR
STREET ADDRESS	1501 N.W. 9TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	C	<input type="checkbox"/> Delete
NAME	FONG, LILIANA	
STREET ADDRESS	1501 N.W. 9TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BLOOM, SY	
STREET ADDRESS	1501 N.W. 9TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	S	<input type="checkbox"/> Delete
NAME	SLEWETT, ALAN	
STREET ADDRESS	1501 N.W. 9TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33136	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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			
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			
TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	W. JAMES ORONITZ		
STREET ADDRESS	1501 NW 9TH AVENUE		
CITY-ST-ZIP	MIAMI, FL 33136		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			