

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004568

1. Entity Name

RICKIA ISAAC FOUNDATION, INC.

Principal Place of Business

200 S. BISCAYNE BLVD.
1818
MIAMI FL 33131

Mailing Address

200 S. BISCAYNE BLVD.
1818
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0774265

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STARLING, JEROME C REV.
200 S. BISCAYNE BLVD.
SUITE 1818
MIAMI FL 33131

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 CD
NAME KULUZ, JOHN DR.
STREET ADDRESS UM 6TH FLOOR, 1501 N.W. 9TH AVE.
CITY-ST-ZIP MIAMI FL 33136 ☐ Delete

TITLE
NAME Dr. John Ragheb
STREET ADDRESS 3200 sw 60 ct. suite 301
CITY-ST-ZIP Miami, Fla. 33155 ☐ Change ☒ Addition

TITLE PD
NAME COOPER, RICHARD
STREET ADDRESS 3500 PAN AMERICAN DRIVE
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE
NAME Lynda cook Pfennig
STREET ADDRESS 1611 NW 12 Ave
CITY-ST-ZIP Park Plaza west room L102 Miami Fla. 33132 ☐ Change ☒ Addition

TITLE VCD
NAME COATS, MARC
STREET ADDRESS 111 N.W. FIRST STREET, 9TH FL.
CITY-ST-ZIP MIAMI FL 33101 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME ALLEN, PATRICIA
STREET ADDRESS 644 NAVARRE
CITY-ST-ZIP CORAL GABLES FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME TURNER, TIPPY
STREET ADDRESS 13401 S. DIXIE HIGHWAY
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ED
NAME STARLING, JEROME REV
STREET ADDRESS 200 SOUTH BISCAYNE BLVD., #1818
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Signature Required

4-23-02

786-306-1300

Date

Daytime Phone #

CR2E037 (9/01)