

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2004 8:00 am
Secretary of State

04-29-2004 90265 013 ****70.00
06-22-2004 90002 017 ****70.00

DOCUMENT # 704323

1. Entity Name
NATIONAL PARKINSON FOUNDATION, INC.



Principal Place of Business
**1501 N.W. 9TH AVENUE
MIAMI, FL 33136-1494 US**

Mailing Address
**1501 N.W. 9TH AVENUE
MIAMI, FL 33136-1494 US**

54058429



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05252004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-0968031

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

**SLEWETT, NATHAN
1501 N.W. 9TH AVENUE
MIAMI, FL 33135**

Name **JOSE GARCIA-PEDROSA**
Street Address (P.O. Box Number is Not Acceptable)
1501 NW 9 AVE
City **MIAMI** **FL** **33136**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jose Garcia-Pedrosa

JOSE GARCIA-PEDROSA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **CD**
STREET ADDRESS **SLEWETT, NATHAN**
CITY-ST-ZIP **1501 N.W. 9TH AVENUE
MIAMI, FL 33136**

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

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **ZEMEL, HERBERT C**
CITY-ST-ZIP **1501 N.W. 9TH AVE.
MIAMI, FL 33136**

TITLE ☒ Change ☐ Addition
NAME **VICE-CHAIRMAN**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **SLEWETT, ALAN**
CITY-ST-ZIP **1501 N.W. 9TH AVE.
MIAMI, FL 33136**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KRAVITZ, HAROLD**
CITY-ST-ZIP **7600 WEST 20 AVE., #223
HIALEAH, FL 33016**

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **HOLTZ, JAVIER**
CITY-ST-ZIP **2800 PONCE DE LEON BLVD., 15 FLOOR
MIAMI, FL 33134**

TITLE ☒ Change ☐ Addition
NAME **PD**
STREET ADDRESS **1501 NW 9 AVE**
CITY-ST-ZIP **DAN ARTY MIAMI, FL 33136**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BARASH, JEFFREY**
CITY-ST-ZIP **1140 KANE CONCOURSE
BAY HARBOR ISLAND, FL 33154**

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

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:

Nathan Slewett

NATHAN SLEWETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/29/2004 90265-013-\$70.00-\$70.00

Attachment

DOCUMENT # 704323 1. Entity Name NATIONAL PARKINSON FOUNDATION, INC.					
Principal Place of Business 1501 N.W. 9TH AVENUE MIAMI, FL 33136-1494 US				Mailing Address 1501 N.W. 9TH AVENUE MIAMI, FL 33136-1494 US	
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 59-0968031				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SLEWETT, NATHAN 1501 N.W. 9TH AVENUE MIAMI, FL 33135				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLEWETT, NATHAN		NAME		
STREET ADDRESS	1501 N.W. 9TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33136		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZEMEL, HERBERT C		NAME		
STREET ADDRESS	1501 N.W. 9TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33136		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLEWETT, ALAN		NAME		
STREET ADDRESS	1501 N.W. 9TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33136		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRAVITZ, HAROLD		NAME		
STREET ADDRESS	7600 WEST 20 AVE., #223		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLTZ, JAVIER		NAME		
STREET ADDRESS	2800 PONCE DE LEON BLVD., 15 FLOOR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARASH, JEFFREY		NAME		
STREET ADDRESS	1140 KANE CONCOURSE		STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154		CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					

54058429



FedEx | Ship Manager | Label 7911 8688 7094

Attachment

54058429

Page 1 of 1

From: Origin ID: (305)243-4437
RICHARD RWM MCCARTHY
NATIONAL PARKINSON FOUNDATION
1501 NW 9 AVE

MIAMI, FL 33136

FedEx
Express



Ship Date: 22MAR04
Actual Wgt: 1 LB
System#: 5962126/INET1800
Account#: S *****

#704323

SHIP TO: (850)245-6056
STATE OF FLORIDAAAAA
DIVISION OF CORP
409 EAST GAINES STREET

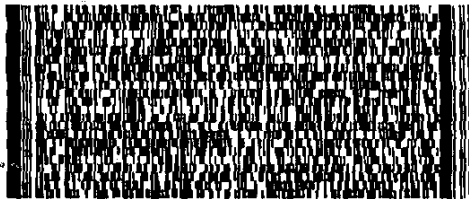
BILL SENDER

TALLAHASSEE, FL 32399

REF:



Delivery Address Bar Code



** 2DAY **

WED

Deliver By:
24MAR04

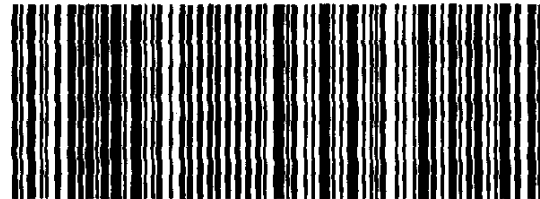
TRK# 7911 8688 7094

FORM
0201

TLH A2

32399 -FL-US

SB TLHA



Shipping Label: Your shipment is complete

1. Use the 'Print' feature from your browser to send this page to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

704323

FedEx | Ship Manager | Label 7911 8688 7094

Attachment

54054921
Page 1 of 1

From: Origin ID: (305)243-4437
RICHARD RWM MCCARTHY
NATIONAL PARKINSON FOUNDATION
1501 NW 9 AVE

FedEx
Express



Ship Date: 22MAR04
Actual Wgt: 11LB
System#: 5962126/INET1800
Account#: S

704323

MIAMI, FL 33136

SHIP TO: (850)245-6056
STATE OF FLORIDAAAAA
DIVISION OF CORP
409 EAST GAINES STREET

BILL SENDER

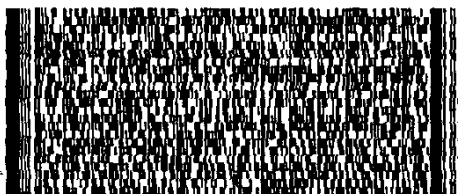
TALLAHASSEE, FL 32399

REF:



Delivery Address Bar Code

CL8091204



**** 2DAY ****

TRK# 7911 8688 7094

FORM
0201

TLH

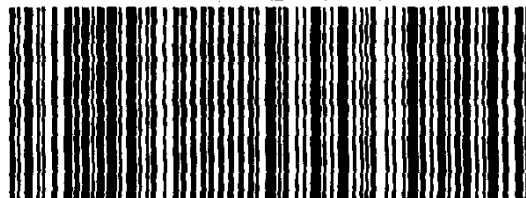
WED

Deliver By:
24MAR04

A2

32399 -FL-US

SB TLHA



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Attachment

From: Origin ID: (305)243-4437
richardmccarthy
NATIONAL PARKINSON FOUNDATION
1501 NW 9 AVE

MIAMI, FL 33136

FedEx
Express

CL8032404

Ship Date: 17JUN04
Actual Wgt: 1 LB
System#: 5962126/INET1850
Account#: S *****

REF:



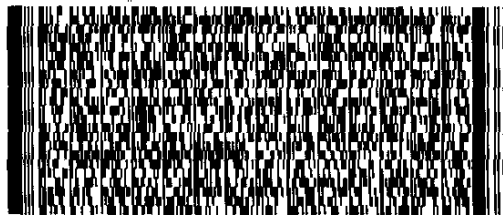
Delivery Address Bar Code

SHIP TO: (850)245-6056

BILL SENDER

STATE OF FLORIDA Aaaa
DIVISION OF CORP
409 EAST GAINES STREET

TALLAHASSEE, FL 32399

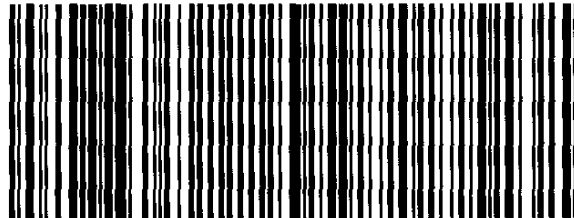
**** 2DAY ******MON**Deliver By:
21JUN04

TRK# 7920 2405 2510

FORM
0201

TLH A2

32399 -FL-US

SB TLHA

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richardmccarthy
NATIONAL PARKINSON FOUNDATION
1501 NW 9 AVE

MIAMI, FL 33136

FedEx
Express

CL6032404

SHIP TO: (850)245-6056 BILL SENDER

STATE OF FLORIDA Aaaa
DIVISION OF CORP
409 EAST GAINES STREET

TALLAHASSEE, FL 32399

Ship Date: 17JUN04
Actual Wgt: 1 LB
System#: 5962126/INET1850
Account#: S *****

REF:



Delivery Address Bar Code

** 2DAY **

MON

Deliver By:
21JUN04

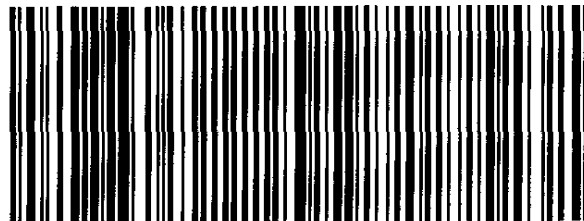
TRK# 7920 2405 2510

FORM
0201

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