

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90139 008 ****61.25

DOCUMENT # 701922

1. Entity Name

MEDICAL SCHOLARSHIP FOUNDATION INC

Principal Place of Business

**BUILDING 1501 NW N RIVER DR
MIAMI FL 33125
US**

Mailing Address

**1501 NW NORTH RIVER DR.
MIAMI FL 33125
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-6153485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KELLOGG, ANN L
6800 CHAPMAN FIELD DR.
MIAMI FL 33156**

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

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 **D** ☐ Delete
NAME **ASKOWITZ, JOHAN**
STREET ADDRESS **9510 S.W. 136TH ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
NAME **LLANES, MARTHA**
STREET ADDRESS **11225 S.W. 58TH CT.**
CITY-ST-ZIP **MIAMI FL**

TITLE **P** ☐ Delete
NAME **VIERA, ADY P**
STREET ADDRESS **843 ANASTASIA AVE.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **T** ☐ Delete
NAME **MARIHANA, MARIA**
STREET ADDRESS **1460 W 21 ST**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **P** ☐ Delete
NAME **FERNANDEZ, BERTA**
STREET ADDRESS **4480 SW 62ND CT.**
CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☐ Delete
NAME **KELLOGG, ANN L**
STREET ADDRESS **6800 CHAPMAN FIELD DR.**
CITY-ST-ZIP **MIAMI FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)