

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90419 021 ****70.00

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
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

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

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 REQUIRED

HERBERT ZEMEL 2-25-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)