

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED

May 17, 2000 8:00 am
Secretary of State

04-18-2000 90154 010 ****61.25

DOCUMENT # 709825

1. Entity Name

HEMOPHILIA FOUNDATION OF SOUTHERN FLORIDA, INC.

Principal Place of Business

272 189TH TERRACE
MIAMI BEACH FL 33160

Mailing Address

272 189TH TERRACE
MIAMI BEACH FL 33160-2310

2. Principal Place of Business

8880 NW 18th Terr.

Suite, Apt. #, etc.

3. Mailing Address

8880 NW 18th Terr.

Suite, Apt. #, etc.

City & State

Miami, FL 33172

Zip

33172

Country

USA

City & State

Miami, FL 33172

Zip

33172

Country

USA

4. FEI Number

59-1097329

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

STROHBACK, CARL
301 190 STREET
MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name

Rosalia H. Boullon

Street Address (P.O. Box Number is Not Acceptable)

8880 NW 18th Terr.

City
Miami

FL

Zip Code
33172

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.

ROSALIA H. BOULLON, PRESIDENT

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WYNNE, ELLEN	
STREET ADDRESS	272 189TH TERR	
CITY-ST-ZIP	MIAMI BEACH FL 33160	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, ANNETTE	
STREET ADDRESS	2321 N.W. 198TH ST.	
CITY-ST-ZIP	MIAMI FL 33056	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STROHBACK, VIRGINIA	
STREET ADDRESS	301 190 ST.	
CITY-ST-ZIP	MIAMI BEACH FL 33160	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STROHBACK, CARL	
STREET ADDRESS	301 190 STREET	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	PARK, FAYE	
STREET ADDRESS	1300 NEWTON ST.	
CITY-ST-ZIP	KEY WEST FL	

TITLE	DVT.	<input type="checkbox"/> Delete
NAME	BOULLON, ROSALIA	
STREET ADDRESS	8880 - 18TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33172	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Consultant	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ, ELENA	
STREET ADDRESS	8722 NW 112 ST,	
CITY-ST-ZIP	Hialeah Gardens, FL 33018	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDEN, KATHY	
STREET ADDRESS	6520 SW 43 ST	
CITY-ST-ZIP	MIAMI, FL 33155	

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUNOZ, PETRONA	
STREET ADDRESS	7780 SW 90 St. Apt. L1	
CITY-ST-ZIP	MIAMI, FL 33156	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, FRANCINE	
STREET ADDRESS	54 GOLDEN BEACH DR.	
CITY-ST-ZIP	Golden Beach, FL 33160	

TITLE	PRESIDENT, OUTREACH DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-00 - 1-800-664-

8525

CR2E037 (9/99)