

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90019 022 ****61.25

DOCUMENT # 709825

1. Entity Name

HEMOPHILIA FOUNDATION OF SOUTHERN FLORIDA, INC.

Principal Place of Business

8880 NW 18TH TERRACE
 MIAMI FL 33172

Mailing Address

8880 NW 18TH TERRACE
 MIAMI FL 33172

2. Principal Place of Business

8600 NW 53 TER

3. Mailing Address

8600 NW 53 TER

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

MIAMI FL

City & State

MIAMI FL

Zip

FL 33166

Country

USA

Zip

33166

Country

USA

6. Name and Address of Current Registered Agent

BOULLON, ROSALIA H
 8880 NW 18TH TERRACE
 MIAMI FL 33172

7. Name and Address of New Registered Agent

Name ROSALIA H. BOULLON
 Street Address (P.O. Box Number is Not Acceptable)
 8600 NW 53 TER - Suite 202
 City MIAMI FL Zip Code 33166

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

Rosalia H. Boullon

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	P	WYNNE, ELLEN	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		272 189 TH TERR	
CITY-ST-ZIP		MIAMI BEACH FL 33160	
TITLE	D	JACKSON, ANNETTE	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		2321 N.W. 196TH ST.	
CITY-ST-ZIP		MIAMI FL 33056	
TITLE	SD	STROHBACH, VIRGINIA	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		301 190 ST.	
CITY-ST-ZIP		MIAMI BEACH FL 33160	
TITLE	D	STROHBACH, CARL	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		301 190 STREET	
CITY-ST-ZIP		MIAMI BEACH FL	
TITLE	D	PARK, FAYE	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		1300 NEWTON ST.	
CITY-ST-ZIP		KEY WEST FL	
TITLE	PVT	BOULLON, ROSALIA	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		8880 - 18TH TERRACE	
CITY-ST-ZIP		MIAMI FL 33172	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Wynne, Ellen - T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	272 189 TH TERR	
CITY-ST-ZIP	MIAMI BEACH - FL 33160	
TITLE	RATHY HARDEN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6620 SW 43 ST.	
CITY-ST-ZIP	MIAMI - FL 33155	
TITLE	D - T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WYNNE, ELLEN	
STREET ADDRESS	272 189 TH TERR.	
CITY-ST-ZIP	MIAMI BEACH, FL 33160	
TITLE	MD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSALIA H. BOULLON	
STREET ADDRESS	8600 NW 53RD TER.	
CITY-ST-ZIP	Suite 202 -	
	MIAMI - FL 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSALIA H. BOULLON	
STREET ADDRESS	8600 NW 53RD TER Suite 202	
CITY-ST-ZIP	MIAMI FL 33166	

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:

Rosalia H. Boullon ROSALIA H BOULLON 3-01-01 599-7310

CR2E037 (10/00)