

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709825

1. Entity Name

HEMOPHILIA FOUNDATION OF SOUTHERN FLORIDA, INC.

Principal Place of Business

8600 NW 53RD TERR. #202
MIAMI FL 33166

Mailing Address

8600 NW 53RD TERR. #202
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

P.O. Box 85279

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HALLANDALE BEACH

Zip

Country

FL 33008

Country

USA

4. FEI Number

59-1097329

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

BOULLON, ROSALIA H
8600 NW 53RD TERRACE, #202
MIAMI FL 33166

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
WYNNE, ELLEN
272 189TH TERRACE
MIAMI BEACH FL 33160

☐ Delete

T
GABRIEL TEJAN JR
3501 SW 76 AV
MIAMI, FL 33155

☐ Change ☐ Addition

D
HARDEN, KATHY
6620 SW 43RD STREET
MIAMI FL 33155

☒ Delete

D
GABRIEL TEJAN JR
3501 SW 76 AV
MIAMI, FL 33155

☐ Change ☒ Addition

DT
WYNNE, ELLEN
272 189TH TERRACE
MIAMI BEACH FL 33160

☐ Delete

DT
WYNNE, ELLEN
272 189TH TERRACE
MIAMI BEACH FL 33160

☐ Change ☐ Addition

PMD
BOULLON, ROSALIA H
8600 NW 53RD TERRACE
MIAMI BEACH FL 33166

☐ Delete

PMD
BOULLON, ROSALIA H
8600 NW 53RD TERRACE
MIAMI BEACH FL 33166

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

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 4-2-02 954 457-8119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)