

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 709825

FILED  
Feb 10, 2003  
Secretary of State

**Entity Name:** HEMOPHILIA FOUNDATION OF SOUTHERN FLORIDA, INC.

**Current Principal Place of Business:**

8600 NW 53RD TERR, #202  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 85279  
HALLANDALE, FL 33008

**New Mailing Address:**

**FEI Number:** 59-1097329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: TERAN, GABRIEL JR  
Address: 3501 SW 76 AVE  
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete  
Name: HARDEN, KATHY  
Address: 6620 SW 43RD STREET  
City-St-Zip: MIAMI, FL 33155

Title: DT ( ) Delete  
Name: WYNNE, ELLEN  
Address: 272 189TH TERRACE  
City-St-Zip: MIAMI BEACH, FL 33160

Title: PMD ( ) Delete  
Name: BOULLON, ROSALIA H  
Address: 8600 NW 53RD TERRACE  
City-St-Zip: MIAMI BEACH, FL 33166

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: WYNNE, ELLEN  
Address: 272 189 TERRACE  
City-St-Zip: MIAMI BEACH, FL 33160

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN WYNNE

T

02/10/2003

Electronic Signature of Signing Officer or Director

Date