2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED Apr 18, 2000 8:00 am Secretary of State DOCUMENT # 713076 1. Entity Name JON ERIC HEMOPHILLA CENTER INT., INC. 04-18-2000 90154 017 ****61.25 Principal Place of Business Mailing Address 272 189TH TERR 272 189TH TERR MIAMI BEACH FL 33160-2310 MIAMI BEACH FL 33160 2. Principal Place of Business 8880 NW 18th Terr. 3. Mailing Address 8880 NW 18th Terr. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State FEi Number 59-1047329 Not Applicable <u>Miani, FL</u> <u>Mianit, FL-</u> Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 33172 IIS A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Rosalia H. Boullon Street Address (P.O. Box Number is Not Acceptable) STROCHBACK, CARL 8880 NW 18th Terr. 301 190TH ST MIAMI BEACH FL ^{City} Yiami, 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Delete TITLE TITLE PRESIDENT NAME NAME BOULLON, ROSALIA STREET ADDRESS STREET ADDRESS 8880 18TH TERR CITY-ST-ZIP CITY-ST-7/8 **MIAMI FL 33172** TREASURER Addition Change TITLE D **▼** Delete TITI F PEREZ, ELENA NAME NAME WYNN-MERRY STREET ADDRESS 3722 NW 112 ST. STREET ADDRESS 272 189TH TERR CiTY-ST-7IP CITY-ST-ZIP Hialeah Gardens, FL MIAMI BEACH FL 33160 33018 X Addition 🗷 Delete Change TITLE ST TITLE. NAME NAME STROHBACH, VIRGINIA HARDEN, KATHY STREET ADDRESS STREET ADDRESS 301 190 ST. 6620 SW 43 ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL <u> Miami, FL. 33155</u> X Addition ☐ Change TITLE □ Delete TITLE SECRETARY PARK, FAYE NAME NAME MUNOZ, PETRONA 7780 SW 90 ST. Apt. L1 STREET ADDRESS STREET ADDRESS 1300 NEWTON ST. CITY-ST-7IP CITY-ST-ZIP KEY WEST FL <u> Miami. FL 33156</u> ■ Addition Change Delete TITLE Director NAME NAME STROHBACH, CARL ALLEN. FRANCINE STREET ADDRESS STREET ADDRESS 301 190TH ST 54 Golden Beach Dr. CITY-ST-ZIP CITY-ST-ZIP N MIAMI FL Golden-Beach FL 33160 TITLE □ Delete TITLE ☐ Addition NAME WYNNE, ELLEN NAME Consultant STREET ADDRESS STREET ADDRESS 172 189TH TERR CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33160 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