

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719796

1. Entity Name

THE MIAMI CRANIOFACIAL ANOMALIES FOUNDATION, INC

Principal Place of Business

6601 S.W. 80TH STREET  
SOUTH MIAMI FL 33143

Mailing Address

6601 S.W. 80TH STREET  
SOUTH MIAMI FL 33143-4661

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BERKOWITZ, SAMUEL

6601 S W 80TH ST  
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

23-7097272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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

TITLE P ☐ Delete  
NAME BERKOWITZ, SAMUEL  
STREET ADDRESS 6601 S.W. 80TH STREET  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete  
NAME SEPLER, RICHARD  
STREET ADDRESS 3250 MARY STREET, #403  
CITY-ST-ZIP COCONUT GROVE FL

TITLE D ☐ Delete  
NAME SCHARLIN, HOWARD  
STREET ADDRESS 1399 S.W. 1ST AVE., 4TH FLOOR  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete  
NAME LIPOFF, NORMAN  
STREET ADDRESS 1401 BRICKELL AVENUE  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 #

FILED  
Apr 26, 2000 8:00 am  
Secretary of State

04-26-2000 90146 035 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)