

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 14 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719796

1. Entity Name

Miami Craniofacial Anomalies Foundation, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6601 S.W. 80th Street

3. Mailing Address

6601 S.W. 80th Street

Suite, Apt. #, etc.

112

Suite, Apt. #, etc.

112

City & State

Miami, FL

City & State

Miami, FL

Zip

33143

Country

USA

Zip

33143

Country

USA

4. FEI Number

23-7097272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Samuel Berkowitz, DDS

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

6601 S.W. 80th Street

Suite 112

City Miami

FL

Zip Code
33143

**DO NOT WRITE
IN THIS SPACE**

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

Dr. Samuel Berkowitz

Dr. Samuel Berkowitz

4/2/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

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 President (T)
NAME Samuel Berkowitz
STREET ADDRESS 11035 Paradella Street
CITY-ST-ZIP Coral Gables, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 8.75-Cert

TITLE Secretary (CD)
NAME Sepler, Richard
STREET ADDRESS 2997 Day Avenue
CITY-ST-ZIP Miami, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 200005971442--6
-06/25/02--01040--017
*****8.75 *****8.75

TITLE
NAME Lipoff, Norman (D)
STREET ADDRESS 1221 Brickell Avenue, 21st Floor
CITY-ST-ZIP Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **DO NOT WRITE
IN THIS SPACE**

TITLE
NAME Zeborsky, Edward (D)
STREET ADDRESS 4000 Hollywood Blvd. #400N
CITY-ST-ZIP Hollywood, FL 33021

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Dr. Samuel Berkowitz

Samuel Berkowitz

4/2/02

305-667-3126

CR2E037B (12/01)

THE MIAMI CRANIOFACIAL ANOMALIES FOUNDATION

SAMUEL BERKOWITZ, D.D.S., M.S., F.I.C.D.
President & Project Director

6601 S.W. 80th street
South Miami, Fla. 33143
(305) 667-3126
Fax: (305) 667-3140

April 2, 2002

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-04/05/02--01021--013
-****122.50 ****78.75

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500
Att: Yula

sent to: P.O. Box 6327
Tallahassee, FL 32314

~~Re: Miami Craniofacial Anomalies Foundation~~
Document 719796

To Whom It May Concern:

This letter is to request reinstatement of the above noted Foundation.

We were informed by your office that the annual report-forms for the year 2001 had been returned as undeliverable. We have been at the same address since the inception of the Foundation, and so find it difficult to understand how the mail carrier could make such a mistake.

Enclosed is the completed form, along with the filing fee for the years 2001 and 2002 in the amount of \$122.50.

Please be sure that Suite 112 is included in the address.

Thank you for your assistance.

Sincerely,



Samuel Berkowitz, DDS, MS, FICD
President

/gk
Encl.