

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90191 042 \*\*\*\*61.25

**DOCUMENT # 732358**

1. Entity Name

**VOLUNTEER SERVICE AUXILIARY OF HOLLYWOOD MEDICAL**

Principal Place of Business

Mailing Address

3600 WASHINGTON STREET  
 HOLLYWOOD FL 33021  
 US

3600 WASHINGTON STREET  
 HOLLYWOOD FL 33021  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1632083**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CTI SYSTEMS CORP.**  
**1720 HARRISON ST 7TH FLOOR**  
**TALLAHASSEE FL**

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ROSEN, ASENATH J.	
STREET ADDRESS	471 IVES DAIRY ROAD	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	WEISMAN, BERDA	
STREET ADDRESS	2802 NORTH 46TH AVE. #B-415	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COSTAS, SHIRLEY	
STREET ADDRESS	2201 N. 51ST AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CESTA, RAMON	
STREET ADDRESS	709 S. HIGHLANDS DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	DCS	<input checked="" type="checkbox"/> Delete
NAME	LEPARD, MARIAN	
STREET ADDRESS	6225 TAYLOR STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAZELTON, FEDERICA	
STREET ADDRESS	555 S. LUNA COURT	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, CELIA	
STREET ADDRESS	1000 SW 126 TERR. # 213	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRENESEN, ADLE	
STREET ADDRESS	1000 S. HILLCREST CT	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DCS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSSMAN, ESTELLE	
STREET ADDRESS	914 HILLCREST DR. 701	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHANE, JOSEPH	
STREET ADDRESS	4350 HILLCREST DR # 302	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	

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: *Ramon P Cesta* **RAMON P. CESTA - TREASURER 1/5/01** 954 - 966-4500

CR2E037 (10/00)