

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 737610**

1. Entity Name

NORTH RIDGE HEART FOUNDATION, INC.

Principal Place of Business

**5757 N. DIXIE HIGHWAY
FT. LAUDERDALE FL 33334**

Mailing Address

**5757 N. DIXIE HIGHWAY
FT. LAUDERDALE FL 33334**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1707824

Applied For

Not Applicable

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

**GHAHRAMANI, ALI
5757 N. DIXIE HIGHWAY
FT. LAUDERDALE FL 33334**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete**PD
GHAHRAMANI, ALI R.
5757 N. DIXIE HWY #214
FT. LAUDERDALE FL**TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete**VD
CLINE, ROBERT E
5757 N. DIXIE HWY #214
FT. LAUDERDALE FL**TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete**STD
MICHAELSON, ED
5757 N. DIXIE HWY #214
FT. LAUDERDALE FL**TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete**D
JUDE, JAMES R
5757 N. DIXIE HWY #214
FT. LAUDERDALE FL**TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

3/5/01

Date

959-262-4845

Daytime Phone #

**FILED
Mar 19, 2001 8:00 am
Secretary of State**

03-19-2001 90470 048 ****61.25

00033103

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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