

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746687

1. Entity Name

THE SOUTH FLORIDA CHAPTER OF THE DYSAUTONOMIA FO

FILED  
Jan 25, 2001 8:00 am  
Secretary of State

01-25-2001 90250 043 \*\*\*\*61.25

0047852

Principal Place of Business

C/O BELLA KARGAUER  
2635 NW 104TH AVE 110  
SUNRISE FL 33322  
US

Mailing Address

2635 N.W. 104 AVE.  
APT. 110  
SUNRISE FL 33322  
US

00008107



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

51-0248444

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

KARGAUER, BELLA  
2635 NW 104 AVE APT 110  
SUNRISE FL 33322

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 D ☐ Delete  
NAME FELDMAN, HORTENSE  
STREET ADDRESS 9881 SUNRISE LAKES BLVD.  
CITY-ST-ZIP SUNRISE FL

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

TITLE VD ☒ Delete  
NAME FISHMAN, MILDRED  
STREET ADDRESS 10220 N.W. 30 CT.  
CITY-ST-ZIP SUNRISE FL

TITLE VD ☒ Change ☐ Addition  
NAME EISNER, DORIS  
STREET ADDRESS 10422 N.W. 24 PL.  
CITY-ST-ZIP SUNRISE FLA. 33322

TITLE VD ☒ Delete  
NAME RUBENSTEIN, SHIRLEY  
STREET ADDRESS 10467 SUNRISE LAKES BLVD  
CITY-ST-ZIP SUNRISE FL 33322

TITLE VD ☒ Change ☐ Addition  
NAME GROSSMAN Beth  
STREET ADDRESS 10422 N.W. 24 PL.  
CITY-ST-ZIP SUNRISE FLA. 33322

TITLE S ☐ Delete  
NAME HARAWITZ, SHERRY  
STREET ADDRESS 10467 SURISE LAKES BLVD.  
CITY-ST-ZIP SUNRISE FL 33322

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

TITLE S ☒ Delete  
NAME STRAUSS, HELENE  
STREET ADDRESS 8861 SUNRISE LAKES BLVD.  
CITY-ST-ZIP SUNRISE FL

TITLE S ☒ Change ☐ Addition  
NAME ROSENZWEIG, ESTELLE  
STREET ADDRESS 9575 WELDON CIRCLE  
CITY-ST-ZIP TAMARAC, FLA 33321

TITLE T ☐ Delete  
NAME KARGAUER, BELLA  
STREET ADDRESS 2635 N.W. 104 AVENUE  
CITY-ST-ZIP SUNRISE FL

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: *Bella Kargauer* REQU BELLA KARGAUER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/01

Daytime Phone #

954-572-0549

CR2E037 (10/00)