

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90068 037 ****61.25

0074593

DOCUMENT # 746687

1. Entity Name

THE SOUTH FLORIDA CHAPTER OF THE DYSAUTONOMIA FOUNDATION, INC.

Principal Place of Business

Mailing Address

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

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

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

51-0248444

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

**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	<input type="checkbox"/> Delete
NAME	FELDMAN, HORTENSE	
STREET ADDRESS	9881 SUNRISE LAKES BLVD.	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EISNER, DORIS	
STREET ADDRESS	10422 NW 24 PLACE	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GROSSMAN, BETH	
STREET ADDRESS	10422 NW 24 PLACE	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARAWITZ, SHERRY	
STREET ADDRESS	10467 SURISE LAKES BLVD.	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSENZWEL, ESTELLE G	
STREET ADDRESS	9575 WELDON CIRCLE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	T	<input type="checkbox"/> Delete
NAME	KARGAUER, BELLA	
STREET ADDRESS	2635 N.W. 104 AVENUE	
CITY-ST-ZIP	SUNRISE FL	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/02

954-512-0549

CR2E037 (9/01)