

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 06, 2001 08:00 AM****Secretary of State****DOCUMENT # 747258****1. Entity Name**

GERTRUDE AND PHILIP STRAX BREAST CANCER RESEARCH INSTITUTE, INC.

Principal Place of Business1859 N. PINE ISLAND RD.
#301
PLANTATION FL 33322**Mailing Address**1859 N. PINE ISLAND RD.
#301
PLANTATION FL 33322**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**59-2115197**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**MARTIN, GAYLE
950 MOCKINGBIRD LANE
#614
PLANTATION FL 33324**7. Name and Address of New Registered Agent**

Name

MARTIN GAYLE

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

950 MOCKINGBIRD LANE

#614

City

PLANTATION

FLZip Code
33324

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 **GAYLE MARTIN****05/06/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	VSD	<input type="checkbox"/> Delete
NAME	GARDNER MARY ANN	
STREET ADDRESS	28889 GARDNER RD	
CITY-ST-ZIP	ELBERTA AL 36530	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BUCK, FRANK	
STREET ADDRESS	111 WICKHAM RD.	
CITY-ST-ZIP	GARDEN CITY NY 11530	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MARTIN, GAYLE	
STREET ADDRESS	950 MOCKINGBIRD LANE	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBINOWITZ EVELYN	
STREET ADDRESS	617 BALDWIN DR.	
CITY-ST-ZIP	WEST HEMPSTEAD NY 11552	
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
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)(f), 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: Gayle Martin

PD

05/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)