

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758504

1. Entity Name

SOUTH FLORIDA HEALTH COALITION, INC.

FILED

Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90131 047 \*\*\*\*61.25

Principal Place of Business

PO BOX 560129  
MIAMI FL 33256  
US

Mailing Address

PO BOX 560129  
SUITE #457  
MIAMI FL 33256-0129  
US

900154



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO Box 560129

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL 33256-0129

4. FEI Number

59-2100916

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

JOHN N SFORZA  
15321 S DIXIE HWY SUITE 311  
STE 457  
MIAMI FL 33157

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

T  
NAME CHARNATERY, MARIANNE  
STREET ADDRESS 31 COOP 455 RIVERSIDE DR  
CITY-ST-ZIP PALM BEACH GARDENS FL ☐ Delete

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

CD  
NAME PASCUAL, MARSHA  
STREET ADDRESS MIAMI DADE COUNTY 111 NW 1 ST  
CITY-ST-ZIP MIAMI FL 3312 ☐ Delete

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

VCD  
NAME WARREN, DAVID  
STREET ADDRESS WINDMERE CORP 5980 MIAMI LAKES DR  
CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Delete

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

☐ Delete

Director  
NAME John N. Sforza  
STREET ADDRESS 15321 South Dixie Highway, Ste 311  
CITY-ST-ZIP miami FL 33157 ☐ Change ☒ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ 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  
JOHN N. SFORZA

4/7/00 305 255 0059

Date

Daytime Phone #

CR2E037 (9/99)