

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90047 004 ****61.25

0044702

DOCUMENT # 758504

1. Entity Name

SOUTH FLORIDA HEALTH COALITION, INC.

Principal Place of Business

Mailing Address

PO BOX 560129
 MIAMI FL 33256
 US

PO BOX 560129
 MIAMI FL 33256
 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

59-2100916

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

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

TITLE	T	<input type="checkbox"/> Delete
NAME	CHARNATERY, MARIANNE	
STREET ADDRESS	3I COOP 455 RIVERSIDE DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	PASCUAL, MARSHA	
STREET ADDRESS	MIAMI DADE COUNTY 111 NW 1 ST	
CITY-ST-ZIP	MIAMI FL 3312	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	WARREN, DAVID	
STREET ADDRESS	WINDMERE CORP 5980 MIAMI LAKES DR	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	SFORZA, JOHN N	
STREET ADDRESS	15321 S. DIXIE HWY #311	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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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:

SIGNATURE REQUIRED

JOHN N. Sforza

4/5/01

305 255 0059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)