

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90163 045 *****61.25

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DOCUMENT # 758504

1. Entity Name

SOUTH FLORIDA HEALTH COALITION, INC.



Principal Place of Business

PO BOX 560129
MIAMI FL 33256
US

Mailing Address

PO BOX 560129
MIAMI FL 32256
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☐ Delete

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

☐ Delete

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

☐ Delete

D
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
SFORZA, JOHN N
15321 S. DIXIE HWY #311
MIAMI FL 33157

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CITY-ST-ZIP

☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/03 305 255 0059

CR2E037 (10/02)