

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90090 005 ****61.25

DOCUMENT # 762956

1. Entity Name

SPINA BIFIDA ASSOCIATION OF SOUTHEAST
FLORIDA, INC.



Principal Place of Business

10060 SW 2ND ST
PLANTATION FL 33324

Mailing Address

10060 SW 2ND ST
PLANTATION FL 33324

2. Principal Place of Business

Dade County

Suite, Apt. #, etc.

3. Mailing Address

8431 S.W. 33 Terr

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

8431 S.W. 33 Terr

City & State

miami, FL

4. FEI Number

59-2228807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUKIER, PENNY
10060 S.W. 2ND STREET
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Irene Ballart

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

8431 S.W. 33 Terr

City

Miami

FL

Zip Code

33155

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
Due By May 1, 2004

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

TITLE PD ☒ Delete
NAME CUKIER, PENNY
STREET ADDRESS 10060 SW 2 ST.
CITY-ST-ZIP PLANTATION FL

TITLE VD ☒ Delete
NAME NEWMAN, MARILYN
STREET ADDRESS 1820 NW 106 AVE
CITY-ST-ZIP PEMBROKE PINES FL

TITLE TD ☒ Delete
NAME CUKIER, ARNOLD
STREET ADDRESS 10060 SW 2 ST
CITY-ST-ZIP PLANTATION FL

TITLE S ☒ Delete
NAME SHEA, PAULA
STREET ADDRESS 799 HERITAGE DR.
CITY-ST-ZIP WESTON FL 33326

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Irene Ballart
STREET ADDRESS 8431 S.W. 33 Terr
CITY-ST-ZIP miami, FL 33155

TITLE VD ☐ Change ☒ Addition
NAME Emily Gonzalez-Abreu
STREET ADDRESS 3902 Parkside Ln
CITY-ST-ZIP Hollywood, FL 33021

TITLE TD ☐ Change ☒ Addition
NAME Jim mesler
STREET ADDRESS 2816 S.W. 81 Terr
CITY-ST-ZIP Davie, FL 33328

TITLE S ☐ Change ☒ Addition
NAME Paula Magni
STREET ADDRESS 200 S.W. 25 Road
CITY-ST-ZIP Miami, FL 33129

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-09-04

305-220-2559