

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State
 02-16-2001 90016 014 ****61.25

0087093

DOCUMENT # F93000004896

1. Entity Name

THE BREAST CANCER RESEARCH FOUNDATION, INC.

Principal Place of Business

Mailing Address

654 MADISON AVE
 12TH FLOOR
 NEW YORK NY 10022
 US

654 MADISON AVE
 12TH FLOOR
 NEW YORK NY 10022
 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

13-3727250

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N. MAGNOLIA ST.
TALLAHASSEE FL 32301

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 NAME STREET ADDRESS CITY-ST-ZIP	D LAUDER, EVELYN H 767 FIFTH AVE. NEW YORK NY 10153	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRULEWITCH, DEBORAH 767 FIFTH AVE. NEW YORK NY 10153	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGRAM, SAUL H 767 FIFTH AVE. NEW YORK NY	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, JEANETTE 767 FIFTH AVE NEW YORK NY 10153	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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 *Deborah Krulewitch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/01

CR2E037 (10/00)