

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

**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**

05-29-2003 90139 034 \*\*\*61.25

**DOCUMENT # N01000003390**

1. Entity Name  
**THE ARTHROGRYPOSIS FOUNDATION, INC.**



Principal Place of Business

**9240 SUNSET DRIVE  
233  
MIAMI FL 33173**

Mailing Address

**9240 SUNSET DRIVE  
233  
MIAMI FL 33173**

2. Principal Place of Business

**14633 S.W 132 Ave.  
Suite, Apt. #, etc.  
MIAMI FLORIDA  
City & State**

3. Mailing Address

**14633 S.W 132 Ave  
Suite, Apt. #, etc.  
MIAMI FLORIDA  
City & State**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1105092**

Applied For  
Not Applicable

Zip  
**33186**

Country  
**DADE**

Zip  
**33186**

Country  
**DADE**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DE NORFOLK, MARTHA  
9240 SUNSET DRIVE #114  
MIAMI FL 33173**

7. Name and Address of New Registered Agent

Name **MARTHA DE NORFOLK**  
Street Address (P.O. Box Number is Not Acceptable)  
**14633 S.W 132 Ave.**  
City **MIAMI, FLORIDA** FL Zip Code **33186**

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, the registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

**May 1/2003**  
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

TITLE **DPST** ☐ Delete  
NAME **DE NORFOLK, MARTHA**  
STREET ADDRESS **9240 SUNSET DRIVE #114**  
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **D** ☐ Delete  
NAME **DE LA HOZ, EDISON**  
STREET ADDRESS **14633 SW 132ND AVENUE**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **D** ☐ Delete  
NAME **ARECES, BARBARA**  
STREET ADDRESS **9240 SUNSET DRIVE #211**  
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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 registered 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: **REQUIRE REQUIRED**

**5/1/03 305) 297-1089**

CR2E037 (10/02)