

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004033

1. Entity Name

LUPUS EDUCATION, RESEARCH, AND DEVELOPMENT FOUNDATION, INC. ✓

Principal Place of Business

6421 SW 57TH STREET  
DAVIE FL 33314

Mailing Address

6421 SW 57TH STREET  
DAVIE FL 33314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Broward

Zip

Country

Broward

6. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.  
3150 SANDY RIDGE DRIVE  
CLEARWATER FL 33761

4. FEI Number

65-1110037

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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

TITLE D  
NAME SNYDER, ROBIN  
STREET ADDRESS 6421 SW 57TH STREET  
CITY-ST-ZIP DAVIE FL 33314 ☐ Delete

TITLE DP  
NAME DIROMA, MARK  
STREET ADDRESS 1899-9 NORTH CONGRESS AVE  
CITY-ST-ZIP BOYNTON BEACH FL 33426 ☐ Delete

TITLE D  
NAME LAAKSO, ERIC  
STREET ADDRESS 2255 GLADES ROAD SUITE 120 A  
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE D  
NAME HENNESSY, KARIN  
STREET ADDRESS 9600 NW 11TH ST  
CITY-ST-ZIP PLANTATION FL 33322 ☐ Delete

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  
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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:

*Robin Snyder, agent*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 14, 2002 (954) 587-4372

FILED  
May 13, 2002 8:00 am  
Secretary of State

05-13-2002 90098 022 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)