2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007772

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DOCUMENT # N0100007772 1. Entity Name								Sep 12, 2002 8:00 am Secretary of State					
ELLEN	Sara Col	in Leukemia fou	NDATIO	ON, INC.					09-12-2002	2 90086 0	06 ****6	51.25	
Principal Place of Business				Mailing Address									
2290 10TH AVENUE NORTH SUITE 304 LAKE WORTH FL 33461			SUITE	2290 10TH AVENUE NORTH SUITE 304 LAKE WORTH FL 33461				 - 	8:84 (1911 1 412) 18 11		3100	hnie 1161 Ines	
2. Principal Place of Business			3. Ma	3. Mailing Address									
Suite, Apt. #, etc.			s	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State					4. FEI Number Applied For Not Applied For Not Applied For					
Zip Country			Zip Co			untry	5. Certificate of Status Desired S8.75 Additional Fee Required					ditional	
	6. Name	and Address of Current	Register	ed Agent		L		7. Name and Add	fress of New R		<u> </u>		1
						Name							7
COLIN, MARTIN H 2290 10TH AVENUE NORTH				Street Address (I			ess (F	P.O. Box Number is	Not Acceptable	2)		***	
SUITE 304 LAKE WORTH FL 33461				City						FL	Zip Cod	le	-
8. The above the obliga	e named entity tions of registe	submits this statement for ered agent.	the purp	pose of changing its	register	ed office or reg	gistere	ed agent, or both, in	the State of Flo		 imiliar with,	and accept	-
SIGNATURE		or printed name of registered agent a	and title if ap	plicable. (NOTE	: Registere	d Agent signature re	equired v	when reinstating)		DATE	.		
به خورشي چې	بالمسيوة بمست دي	hand and the				_		·	ب سينجل نوياشنون	2	· · ·	· · · · · · · · · · · · · · · · · · ·	
After September 13, 2002, min. will be \$236.25.				9. Election Cam Trust Fund C			\$5.00 May Be Added to Fees Make Check Payable to Department of State						
10.	-·	OFFICERS AND DIR	ECTORS		11.		Α	DDITIONS/CHANG	I ES TO OFFICER	RS AND DIRE	ECTORS IN	10	1
TITLE	D COUNT MARTIN M			☐ Delete			=-			☐ Change	Addition	3	
NAME STREET ADDRESS	COLIN, MARTIN H 2290 10TH AVENUE NORTH				NAM								7 (4)
CITY-ST-ZIP LAKE WORTH FL 33461						ET ADORESS -ST-ZIP							~
TITLE	D		-	☐ Delete	TITLE	- 					☐ Change	☐ Addition	a a a
NAME	DELLASALA	,			NAME					-	Change	Addition	1
STREET ADDRESS CITY-ST-ZIP		AVENUE NORTH				ET ADDRESS							
TITLE	D D	TH FL 33461			-	-ST-ZIP							-
NAME	ZEIDEL, JU	DITH		☐ Delete	TITLE					f	Change	Addition	
STREET ADDRESS		I WORTH COURT				ET ADDRESS							
CITY-ST-ZIP	WEST PALI	M BEACH FL 33405			CITY-	ST-ZIP							
TITLE				☐ Delete	TITLE					Ţ	Change	Addition	1
name Street address 1					NAME								ļ
CITY-ST-ZIP						ST-ZIP							
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STREET ADDRESS SITY-ST-ZIP					4	T ADDRESS							
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IAME				☐ Delete	NAME						☐ Change	☐ Addition	
TREET ADDRESS						T 4D00000							

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, win a flother like empowered. MAKE REQUIRED

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

361-547-2600

FILED