

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90216 008 ****61.25

DOCUMENT # N02000001406

1. Entity Name

MARGAUX'S MIRACLE FOUNDATION, INC.



Principal Place of Business

**2665 S. BAYSHORE DR., PH ONE
MIAMI FL 33133**

Mailing Address

**2665 S. BAYSHORE DR., PH ONE
MIAMI FL 33133**

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

04-3643503

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

**ROTH, NEAL A ESQ.
GROSSMAN AND ROTH, P.A.
2665 S. BAYSHORE DR., PH ONE
MIAM FL 33133**

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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Stuart Z. Grossman 482 Addison Park Lane Boca Raton, FL, 33432	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Deborah H. Grossman 482 Addison Park Lane Boca Raton, FL 33432	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rochelle Ruttenberg 2601 N.W. 29th Drive Boca Raton, FL 33434	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kathy McKay 1298 S.W. 15th Street Boca Raton, FL 33488	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Janet Rosenthal 2480 Whispering Oaks Lane Delray Beach, FL 33445	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ray Lopez, M.D. 7330 S.W. 62nd Place, Suite 310 Miami, FL 33143	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nilza Kallos, M.D. 6280 Sunset Drive, Suite 603 Miami, FL 33143	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles Kalstone, M.D. 6280 Sunset Drive, Suite 500 Miami, FL 33143	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/18/03

561-367-8666