2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
03-29-2004 90088 022 ****70.00

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1. Entity Name
UNITED AGAINST CANCER, INC.

66412682

Principal Place of Business	Mailing Address
STE 1607 TWO DATRAN CENTER 9130 S DADELAND BLVD MIAMI, FL 33156-7851	STE 1607 TWO DATRAN CENTER 9130 S DADELAND BLVD MIAMI, FL 33156-7851

02292004 Chg-NP CR2E037 (10/03)

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 56-2392879 ☐ 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
~~GABALDONI, JAIME E~~ ~~STE 1607 TWO DATRAN CENTER~~ ~~9130 S DADELAND BLVD~~ ~~MIAMI, FL 33156-7851~~	Name: ALBERTO AMORÓS Street Address (P.O. Box Number is Not Acceptable): STE 1607 TWO DATRAN CENTER 9130 S. DADELAND BLVD. City: MIAMI FL Zip Code: 33156

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 ALBERTO AMORÓS Alberto Amorós 3/25/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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	D ARIAS-SCHREIBER, CLAUDIA M 10075 SW 77TH CT MIAMI, FL 33156	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOSE BURASCHI 6234 SW 57 DRIVE MIAMI, FL, 33143	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GABALDONI, JAIME E 9130 S DADELAND BLVD STE 1607 MIAMI, FL 331567851	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARIE CECILE AWAPARA 9767 NW 46TH TERR MIAMI, FL, 33178	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZARAK, IVAN 9767 MW 46TH TERR MIAMI, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: IVAN ZARAK 3/26/04 305 670 7858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

16041268?
#N03000007588

56-2392879

Form **SS-4**
(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
United Against Cancer, Inc.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name 56-2392879

4a Mailing address (room, apt., suite no. and street, or P.O. box)
10075 SW 77th Court

5a Street address (if different) (Do not enter a P.O. box.)
8130 S. Dadeland Blvd., Suite 1607

4b City, state, and ZIP code
Miami, Florida 33156

5b City, state, and ZIP code
Miami, Fl 33156-7851

6 County and state where principal business is located
Miami-Dade, Florida

7a Name of principal officer, general partner, grantor, owner, or trustor
Claudia M. Arias Schreiber

7b SSN, ITIN, or EIN
589-30-8583

8a Type of entity (check only one box)

- ☐ Sole proprietor (SSN)
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ▶
- ☐ Personal service corp.
- ☐ Church or church-controlled organization
- ☑ Other nonprofit organization (specify) ▶
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Trust (SSN of grantor)
- ☐ National Guard ☐ State/local government
- ☐ Farmers' cooperative ☐ Federal government/military
- ☐ REMIC ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

PL
9-11-03

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: **Florida** — Foreign country:

9 Reason for applying (check only one box)

- ☐ Started new business (specify type) ▶
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☑ Other (specify) ▶ **New non-profit organization**
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)
August 28, 2003

11 Closing month of accounting year
December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶ n/a

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "-0-."* ▶

Agricultural	Household	Other
0	0	0

14 Check one box that best describes the principal activity of your business.

- ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Accommodation & food service ☐ Wholesale-agent/broker ☐ Wholesale-other ☐ Retail
- ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☑ Other (specify) **non-profit organization**

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
Funds raising to cover non-insured childrens stricken by cancer

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☑ No
Note: *If "Yes," please complete lines 16b and 16c.*

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name | Designee's telephone number (include area code) ( )

Address and ZIP code | Designee's fax number (include area code) ( )

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **Claudia M. Arias-Schreiber, Secretary**

Applicant's telephone number (include area code) (305) 412-4138

Signature ▶

Date ▶ 09/09/03

Applicant's fax number (include area code) (305) 670-9975

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form **SS-4** (Rev. 12-2001)