

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21159

1. Entity Name

JOAN LEVY CANCER FOUNDATION, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90019 013 ****61.25

Principal Place of Business

Mailing Address

1550 N.E. MIAMI GARDENS DR.
SUITE 306
NORTH MIAMI BEACH FL 33179

1550 N.E. MIAMI GARDENS DR.
SUITE 306
NORTH MIAMI BEACH FL 33179-4836

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

59-2815398

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

LEVY, RONALD G
1550 N.E. MIAMI GARDENS DR.
SUITE 306
NORTH MIAMI BEACH FL 33179

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	KAPLAN, JODIE	
STREET ADDRESS	1990 NE 188TH ST	
CITY-ST-ZIP	N. MIAMI BEACH FL 33139	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ELIAS, LENORE	
STREET ADDRESS	21180 N.E. 20 CT.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DUBIN, DEBRA L	
STREET ADDRESS	1071 NW 189TH AVE	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROSMAN, LORRAINE	
STREET ADDRESS	540 NE 199TH TERRACE	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	LEVY, RONALD G	
STREET ADDRESS	540 N.E. 199 TERRACE	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)