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

FILED
Sep 07, 2005 8:00 am
Secretary of State
09-07-2005 90012 004 ****61.25

DOCUMENT # N21159

1. Entity Name
JOAN LEVY CANCER FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

14019412

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
947 Harbor View So Suite, Apt. #, etc.	Same Suite, Apt. #, etc.
City & State: Hollywood	City & State: FL
Zip: 33019 Country: BROWARD	Zip: Country:

4. FEI Number: 59-2815398 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: RONALD LEVY

Street Address (P.O. Box Number is Not Acceptable): 1550 N.E. MIAMI GDNS DR.

City: No. Miami Beach FL Zip Code: 33179

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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

TITLE: PRES. NAME: SOOJI KAPLAN STREET ADDRESS: 4000 Towerside Terr CITY-ST-ZIP: MIAMI, FL. 33138	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: V. PRES NAME: JOANNE GOLDMAN STREET ADDRESS: 2150 POINT PLACE CITY-ST-ZIP: AVENTURA, FL. 33180	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: TREAS. NAME: LORRAINE ROSMAN STREET ADDRESS: 947 HARBOR VIEW SO CITY-ST-ZIP: Hollywood, FL. 33019	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: **DO NOT WRITE**
TITLE: ASST TREAS NAME: RONALD LEVY STREET ADDRESS: 947 HARBOR VIEW SO CITY-ST-ZIP: Hollywood, FL. 33019	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: **IN THIS SPACE**
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lorraine Rosman, Treas. 9/1/05 954-458-2922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LORRAINE ROSMAN

Attachment 6

FLORIDA DEPARTMENT OF STATE
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

14019412

First-Class Mail
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ANNUAL REPORT NOTICE

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JOAN LEVY CANCER FOUNDATION, INC.
1550 N.E. MIAMI GARDENS DR.
SUITE 304
NORTH MIAMI BEACH FL 33179-4836

OPTION 3 - ***Receive a form by mail*** - *Allow up to 28 days total processing time.*

- *Detach this postcard.*
- *Enter address to mail report to, if different from preprinted address.*
- *Affix postage on reverse side and mail.*

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CR2E095 10/04