

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90017 038 \*\*\*\*61.25

DOCUMENT # N24115

1. Entity Name

THE FOUNDATION FOR STUDIES AND RESEARCH, INC.



Principal Place of Business

Mailing Address

~~%STEFANO I.D. DIMAURO, M.D.~~  
~~16910 NE 8TH COURT~~  
~~N. MIAMI BEACH FL 33162~~

~~%STEFANO I.D. DIMAURO, M.D.~~  
~~16910 NE 8TH COURT~~  
~~N. MIAMI BEACH FL 33162~~



2. Principal Place of Business - No P.O. Box #

951 NE 167TH ST

Suite, Apt. #, etc.

SUITE 107

3. Mailing Address

951 NE 167TH ST

Suite, Apt. #, etc.

SUITE 107

1st MOORE

CR2E037 (10/06)

City & State

NO MIAMI, BEACH, FL

City & State

NO MIAMI, BEACH, FL

4. FEI Number

65-0051963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~DIMAURO, STEFANO I.D.~~  
~~16910 NE 8TH COURT~~  
~~N. MIAMI BEACH FL 33162~~

7. Name and Address of New Registered Agent

Name

JACQUES LEUY

Street Address (P.O. Box Number is Not Acceptable)

2701 NE 165TH ST

City

NO MIAMI, BEACH

FL

Zip Code

33160

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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 D ☒ Delete  
NAME ~~DIMAURO, STEFANO I.D.~~  
STREET ADDRESS ~~16910 NE 8TH COURT~~  
CITY ST-ZIP ~~N. MIAMI BEACH FL~~

TITLE D ☒ Delete  
NAME ~~TUCCIO, MARIA~~  
STREET ADDRESS ~~VIALE SPANAGIA 130 SCALA P~~  
CITY ST-ZIP ~~SIRACUSA IT~~

TITLE D ☐ Delete  
NAME RENZI, RENATO  
STREET ADDRESS 230 NE 174 ST  
CITY ST-ZIP N MIAMI BEACH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRES / SECT / TREAS / DIRECTOR ☐ Change ☒ Addition  
NAME JACQUES LEUY  
STREET ADDRESS 2701 NE 165 ST  
CITY ST-ZIP NO MIAMI BEACH, FL. 33160

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JACQUES LEUY - PRESIDENT

02/18/07