

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

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90137 007 ****70.00

DOCUMENT # N24115

1. Entity Name

THE FOUNDATION FOR STUDIES AND RESEARCH, INC.



Principal Place of Business

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

Mailing Address

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

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 **65-0051963**

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

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

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	Change	Addition
<input type="checkbox"/> Delete	D	DIMAURO, STEFANO I.D.	16910 NE 8TH COURT N. MIAMI BEACH FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete	D	TUCCIO, MARIA	VIALE S PANAGIA 136 SCALA P SIRACUSA IT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete	D	RENZI, RENATO	230 NE 174 ST N MIAMI BEACH FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> 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:

SIGNATURE REQUIRED (STEFANO DIMAURO) 1-7-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)