

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90058 036 ****61.25

0016723

DOCUMENT # N31065

1. Entity Name

CARDIAC REHABILITATION ROWING PROJECT, INC.



Principal Place of Business

Mailing Address

**3941 MIDWAY ST.
 COCONUT GROVE FL 33133
 US**

**P O BOX 331820
 COCONUT GROVE FL 33133-1820
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0116999

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KLINE, CHARLES C.
 C/O WHITE & CASE
 200 SOUTH BISCAYNE BLVD.
 MIAMI FL 33131**

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
 After September 12, 2001, min. will be \$236.25**

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	DPT	<input type="checkbox"/> Delete
NAME	BERCKMANS, BRUCE JR.	
STREET ADDRESS	3941 MIDWAY STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	MARTINEZ, ROBERTO	
STREET ADDRESS	201 S. BISCAYNE, #900	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TERRY, LAWRENCE	
STREET ADDRESS	9440 NW 12TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOLF, PATRICIA K.	
STREET ADDRESS	190 MERCER STREET	
CITY-ST-ZIP	PRINCETON NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	COMTE, WILLIAM H.	
STREET ADDRESS	5000 UNIVERSITY DRIVE	
CITY-ST-ZIP	MIAMI FL	
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
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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 REQUIRED
BRUCE BERCKMANS JR 9/14/01

305-448-0081

CR2E037 (5/01)