

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38239

1. Entity Name

SOUTH FLORIDA VETERANS AFFAIRS FOUNDATION FOR RE

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90013 024 ****61.25

Principal Place of Business	Mailing Address
TRACY S. BROWN 4675 PONCE DE LEON BLVD STE 305 CORAL GABLES FL 33146 US	TRACY S. BROWN 4675 PONCE DE LEON BLVD STE 305 CORAL GABLES FL 33146-2113 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0207903	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRACEY SKINNER BROWN 4675 PONCE DE LEON BLVD STE 305 CORAL GABLES FL 33146	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	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------	--	------

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOHERTY, THOMAS C.	NAME	
STREET ADDRESS	1201 NW 16TH ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHMAN, LAWRENCE, MD	NAME	
STREET ADDRESS	1201 NW 16TH ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINTZER, MICHAEL MD	NAME	
STREET ADDRESS	1201 NW 16TH ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 another like empowered.

SIGNATURE:	<i>Lawrence Fishman</i>	1/14/00 (305) 324-3195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #