

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42209

1. Entity Name

AMERICAN-ROMANIAN MEDICAL RELIEF FOUNDATION, INC

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90031 004 \*\*\*\*61.25

|                                          |                                               |
|------------------------------------------|-----------------------------------------------|
| Principal Place of Business              | Mailing Address                               |
| 1345 W BAY DR.<br>#101<br>LARGO FL 34640 | 1345 W BAY DR.<br>#101<br>LARGO FL 33770-2276 |

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 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                    |  | 59-3043886 |  | Applied For                                             |
|                                  |  |            |  | 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        |    |
| KAUFFMAN, JAY E.<br>1345 W BAY DR.<br>#101<br>LARGO FL 34640 |  | Name                                               |    |
|                                                              |  | Street Address (P.O. Box Number is Not Acceptable) |    |
|                                                              |  |                                                    |    |
|                                                              |  | City                                               | FL |

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:<br>FEE IS \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees | Make Check Payable to<br>Department of State |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------|

|                                                |                                                                                               |                                                       |                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 10. OFFICERS AND DIRECTORS                     |                                                                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTS<br>WEINSTOCK, STEPHAN M.<br>1345 WEST BAY DR.<br>LARGO FL <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WEINSTOCK, STEPHAN M.<br>1345 WEST BAY DR.<br>LARGO FL <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BINES, SAM<br>11590 SEMINOLE BLVD A-11<br>LARGO FL <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <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 2-17-00 (727) 531-8706  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)