

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42354

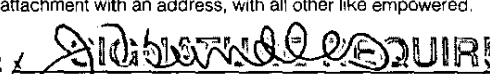
1. Entity Name

DR. BRUCE HEIKEN MEMORIAL FUND, INC.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90493 008 ****61.25

0043377

Principal Place of Business 10300 SUNSET DR SUITE 2610 MIAMI FL 33173 US		Mailing Address 10300 SUNSET DR SUITE 2610 MIAMI FL 33173 US	
2. Principal Place of Business 10300 SUNSET DR. Suite, Apt. #, etc. SUITE 303 City & State MIAMI, FL Zip 33173		3. Mailing Address 10300 SUNSET DR. Suite, Apt. #, etc. SUITE 303 City & State MIAMI, FL Zip 33173	
4. FEI Number 65-0273018		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KUNDL, JOANNE DR 377 NO KROME AVE HOMESTEAD FL 33030		7. Name and Address of New Registered Agent 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 PD NAME MORRIS, STEPHEN O STREET ADDRESS 8420 CORAL WAY CITY-ST-ZIP MIAMI FL 33155 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME CHERDACK, MELANIE STREET ADDRESS 1541 BRICKELL AVE. #1502 CITY-ST-ZIP MIAMI FL 33129 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME STERN, SIDNEY STREET ADDRESS 8746 SUNSET DR. CITY-ST-ZIP MIAMI FL 33173 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME KUNDL, JOANNE DR STREET ADDRESS 377 NO KROME AVE CITY-ST-ZIP HOMESTEAD FL 33030 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME HEIKEN, ROSALYN STREET ADDRESS 7400 SW 131 STREET CITY-ST-ZIP MIAMI FL 33156 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: 		3/9/01 305-247-2334	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E037 (10/00)