

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42354

1. Entity Name

DR. BRUCE HEIKEN MEMORIAL FUND, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90182 009 ****61.25

Principal Place of Business

Mailing Address

10300 SUNSET DR
STE 303
MIAMI FL 33173
US

10300 SUNSET DR
STE 303
MIAMI FL 33173
US

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

65-0273018

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

KUNDL, JOANNE DR
377 NO KROME AVE
HOMESTEAD FL 33030

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

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 PD
NAME MORRIS, STEPHEN O
STREET ADDRESS 8420 CORAL WAY
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME CHERDACK, MELANIE
STREET ADDRESS 1541 BRICKELL AVE. #1502
CITY-ST-ZIP MIAMI FL 33129 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME STERN, SIDNEY
STREET ADDRESS 8746 SUNSET DR.
CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME KUNDL, JOANNE DR
STREET ADDRESS 377 NO KROME AVE
CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME HEIKEN, ROSALYN
STREET ADDRESS 7400 SW 131 STREET
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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

1/22/02 305-271-5953

CR2E037 (9/01)