

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002528

1. Entity Name

CEDARS AUXILIARY, INC.

Principal Place of Business

1400 NW 12TH AVE
MIAMI FL 33136

Mailing Address

1400 NW 12TH AVE
MIAMI FL 33136-1003

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

65-0415064

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

DE MARQUEZ, PATRICIA
8420 S.W. 84 TERRACE
MIAMI FL 33143

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 VP ☐ Delete
NAME CUNIO, ADELE
STREET ADDRESS 1020 MERIDIAN AVENUE #902
CITY-ST-ZIP MIAMI BEACH FL 33139

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

TITLE P ☐ Delete
NAME DE MARQUEZ, PATRICIA
STREET ADDRESS 8420 S.W. 84 TERRACE
CITY-ST-ZIP MIAMI FL 33143

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

TITLE D ☐ Delete
NAME BRATSPIS, SELMA R
STREET ADDRESS 1020 MERIDIAN AVENUE #509
CITY-ST-ZIP MIAMI BEACH FL 33139

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

TITLE DS ☒ Delete
NAME DIAZ, GEORGINA
STREET ADDRESS 88 CROYDON DR
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE ☒ Change ☐ Addition
NAME DS
NAME VAN HORN, Dedee
STREET ADDRESS 15512 S.W 142 Ct.
CITY-ST-ZIP MIAMI, FL 33196

TITLE T ☐ Delete
NAME LEITNER, SOL
STREET ADDRESS 100 LINCOLN RD
CITY-ST-ZIP MIAMI BEACH FL 33139

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

TITLE VP ☐ Delete
NAME ZINNER, EVE
STREET ADDRESS 7540 SW 107TH AVE
CITY-ST-ZIP MIAMI FL 33173-5105

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90013 035 ****70.00



DO NOT WRITE IN THIS SPACE

Jan 25th 2000 305 274 7718