

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002528

1. Entity Name

**CEDARS AUXILIARY, INC.**

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

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

Principal Place of Business <b>1400 NW 12TH AVE MIAMI FL 33136</b>	Mailing Address <b>1400 NW 12TH AVE MIAMI FL 33136-1003</b>
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DO NOT WRITE IN THIS SPACE

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 <b>65-0415064</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	VP	<input type="checkbox"/> Delete
NAME	CUNIO, ADELE	
STREET ADDRESS	1020 MERIDIAN AVENUE #902	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	P	<input type="checkbox"/> Delete
NAME	DE MARQUEZ, PATRICIA	
STREET ADDRESS	8420 S.W. 84 TERRACE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRATSPIS, SELMA R	
STREET ADDRESS	1020 MERIDIAN AVENUE #509	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	DIAZ, GEORGINA	
STREET ADDRESS	88 CROYDON DR	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEITNER, SOL	
STREET ADDRESS	100 LINCOLN RD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZINNER, EVE	
STREET ADDRESS	7540 SW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33173-5105	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN HORN, Dedee	
STREET ADDRESS	15512 S.W 142 Ct.	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Patricia Marquez Date: Jan 25<sup>th</sup> 2000 Daytime Phone #: 305 274 7718