

**2001 UNIFORM BUSINESS REPORT (UBR)**

2/15

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90007 003 \*\*\*\*70.00

**DOCUMENT # N93000002528**

1. Entity Name

**CEDARS AUXILIARY, INC.**

Principal Place of Business

Mailing Address

1400 NW 12TH AVE  
 MIAMI FL 33136

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 MIAMI FL 33136

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

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

Name **SELMA R. BRATSPIS**

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

**1020 MERIDIAN AVE. # 509**

City **MIAMI BEACH** FL Zip Code **33139**

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 **Selma R. Bratspis**

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/10/01**  
 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	<input type="checkbox"/> Delete
NAME	CUNIO, ADELE	
STREET ADDRESS	1020 MERIDIAN AVENUE #902	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DE MARQUEZ, PATRICIA	
STREET ADDRESS	8420 S.W. 84 TERRACE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRATSPIS, SELMA R	
STREET ADDRESS	1020 MERIDIAN AVENUE #509	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DS	<input type="checkbox"/> Delete
NAME	VAN HORNE, DEEDEE	
STREET ADDRESS	15512 SW 142 CT	
CITY-ST-ZIP	MIAMI SPRINGS FL 33186	
TITLE	T	<input checked="" 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 33179-5105	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SELMA R. BRATSPIS</b>	
STREET ADDRESS	<b>1020 MERIDIAN AVE. #509</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FLA. 33139</b>	
TITLE	<b>V.P.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHARLOTTE MANN</b>	
STREET ADDRESS	<b>3701 N. Country Club Drive #1002</b>	
CITY-ST-ZIP	<b>AVENUE A FLA. 33180</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SELMA MAZER</b>	
STREET ADDRESS	<b>1200 West Ave # 1208</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
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:

**Selma R. Bratspis** **SELMA R. BRATSPIS** **1/10/01** **(305) 334-6169**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)