

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002546

1. Entity Name

CANCER LEAGUE, INC.

Principal Place of Business

1000 QUAYSIDE TERRACE  
APT. #803  
MIAMI FL 33138

Mailing Address

P.O. BOX 402682  
MIAMI BEACH FL 33140

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

59-1706090

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

OSTROW, JOHN B  
201 SOUTH BISCAYNE BOULEVARD  
SUITE 1380, MIAMI CENTER  
MIAMI FL 33131

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	D	<input type="checkbox"/> Delete
NAME	COHEN, RUTH	
STREET ADDRESS	10205 COLLINS AVENUE	
CITY-ST-ZIP	BAL HARBOUR FL 33154	
TITLE	P	<input type="checkbox"/> Delete
NAME	JACOBS, JUDY	
STREET ADDRESS	1455 S.W. 82ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	V	<input type="checkbox"/> Delete
NAME	OSTROW, JANE	
STREET ADDRESS	3860 BATTERSEA ROAD	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	KASSAL, SHATZI	
STREET ADDRESS	393 CENTER ISLAND	
CITY-ST-ZIP	GOLDEN BEACH FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEINBERG, LEE	
STREET ADDRESS	5255 COLLINS AVENUE #9G	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE		<input type="checkbox"/> Delete
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	
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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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/01 305-865-5376  
Date Daytime Phone #

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90008 039 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)