

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005523

1. Entity Name

THE BISCAINE INSTITUTE, INC.

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-21-2002 90113 033 ****61.25

Principal Place of Business

Mailing Address

2503 NE 135TH ST
N MIAMI FL 33181
US

2503 NE 135TH ST
N MIAMI FL 33181

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

65-0578953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DILLON, MARY E
2503 NE 135TH ST
N MIAMI FL 33181

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
NAME RUSH, DOUGLAS MSW
STREET ADDRESS 833 W. 40TH ST
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE D
NAME BLUSH, JENNIFER
STREET ADDRESS 833 W. 40TH ST
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE DP
NAME GOYES, JOSE PHD
STREET ADDRESS 8260 W. FLAGLER ST
CITY-ST-ZIP MIAMI FL 33144 ☐ Delete

TITLE BM
NAME CHERRY, ANDREW L DSW
STREET ADDRESS 11700 NE 9TH AVE.
CITY-ST-ZIP BISCAINE PARK FL ☐ Delete

TITLE D
NAME MOREDA, IRENE MSW
STREET ADDRESS 16518 N.E 26TH AVE
CITY-ST-ZIP N. MIAMI BEACH FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE DR. LOUIS B. ANTONIO
NAME 1695 NW 94 Ave.
STREET ADDRESS Mirimar FL 33136
CITY-ST-ZIP Board Member ☐ Change ☒ Addition

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

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

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

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

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

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 #

CR2E037 (9/01)