

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90041 047 ****70.00

DOCUMENT # N95000001458

1. Entity Name

THE NATIONAL RETINOBLASTOMA RESEARCH AND SUPPORT

Principal Place of Business

Mailing Address

**900 NORTHWEST 17TH STREET
 MIAMI FL 33136**

**900 NORTHWEST 17TH STREET
 MIAMI FL 33136-1119**

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

65-0569861

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

**WINSTON, GARY
 8576 S.W. 121 STREET
 MIAMI FL 33158**

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	VD	<input type="checkbox"/> Delete
NAME	MILLER, KIM L	
STREET ADDRESS	341 S.E. 3RD STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY, TIMOTHY	
STREET ADDRESS	3570 W. FAIRVIEW STREET, UNIT A6	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHECHTER, JULIE R	
STREET ADDRESS	6261 N.W. 58 WAY	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	D	<input type="checkbox"/> Delete
NAME	TASHJIAN, JUDY	
STREET ADDRESS	5950 S.W. 9 STREET	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-2000 (305) 326-6166

Date

Daytime Phone #

CR2E037 (9/99)