

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000768

1. Entity Name

FLORIDA BREAST CANCER COALITION, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90001 008 ****61.25

907593



DO NOT WRITE IN THIS SPACE

Principal Place of Business

600 GRAPETREE DRIVE
SUITE 10BS
KEY BISCAVNE FL 33149

Mailing Address

GELBER AND COMPANY
285 NW 199TH STREET #204
MIAMI FL 33169

2. Principal Place of Business

3. Mailing Address

GELBER & COMPANY
285 N.W. 199th STREET, #204
MIAMI, FL 33169
305-651-8000

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

65-0647157

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

TORRES, JANE A
600 GRAPETREE DRIVE
SUITE 10BS
KEY BISCAVNE FL 33149

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 DP ☐ Delete
NAME TORRES JANE S
STREET ADDRESS 600 GRAPETREE DRIVE #10BS
CITY-ST-ZIP KEY BISCAVNE FL

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

TITLE VPR ☐ Delete
NAME FRIED, CAROL
STREET ADDRESS 4215 ALTON ROAD
CITY-ST-ZIP MIAMI FL 33140

TITLE DIRECTOR ☒ Change ☐ Addition
NAME
STREET ADDRESS 21025 NE 38 AVENUE
CITY-ST-ZIP Aventura, FL 33180

TITLE VM ☐ Delete
NAME JACOBS, GAYLE
STREET ADDRESS 13594 SW 58TH AVE
CITY-ST-ZIP MIAMI FL 33156

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

TITLE TD ☐ Delete
NAME GELBER, BARBARA
STREET ADDRESS 12705 SOUTHWEST 105TH AVENUE
CITY-ST-ZIP MIAMI FL

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

TITLE D ☒ Delete
NAME NUGENT, LAURA
STREET ADDRESS 10635 NORTHWEST 54TH STREET
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete
NAME BYRNE, CATRINA
STREET ADDRESS 4306 ALTON ROAD
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1928 Sunset Harbor Drive
CITY-ST-ZIP Miami Beach, FL 33139

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 #

1/18/01 305-371-2773

CR2E037 (10/00)