

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90013 023 ****61.25

DOCUMENT # N96000000768

1. Entity Name

FLORIDA BREAST CANCER COALITION, INC.

Principal Place of Business

**600 GRAPETREE DRIVE
 SUITE 10BS
 KEY BISCAINE FL 33149**

Mailing Address

**GELBER AND COMPANY
 285 NW 193TH STREET #201
 MIAMI FL 33169**

2. Principal Place of Business

3. Mailing Address

GELBER & COMPANY

Suite, Apt. #, etc.

Suite, Apt. #, etc. **450 Interchange Circle North
 Miramar, Florida 33025**

City & State

City & State

4. FEI Number

65-0647157

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **FRIED, CAROL**
 CITY-ST-ZIP **21025 NE 38 AVENUE
 AVENTURA FL 33180**

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

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

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

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

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BYRNE, CATRINA**
 CITY-ST-ZIP **1928 SUNSET HARBOR DRIVE
 MIAMI FL 33139**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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]

3/5/02

CR2E037 (9/01)