

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90032 038 ****70.00

DOCUMENT # N96000001422

1. Entity Name

**PULMONARY LYMPHANGIOLEIOMYOMATOSIS FOUNDATION, I
NC.**

Principal Place of Business

**4119 NORTH STATE ROAD 7, SUITE 8004
LAUDERDALE LAKES FL 33319**

Mailing Address

**4119 NORTH STATE ROAD 7, SUITE 8004
LAUDERDALE LAKES FL 33319**

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 **65-0651000**

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

HARDMAN, ELAINE MAHONE

5025 NW 36TH ST

STE J112

LAUDERDALE LAKES FL 33319

Name

HARDMAN, ELAINE MAHONE DR

Street Address (P.O. Box Number is Not Acceptable)

2750 N.W. 44TH STREET

City

**APT. 412
OAKLAND PARK**

FL

Zip Code

33309

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

ELAINE MAHONE HARDMAN, M.D.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

04-25-02

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

TITLE **PD** ☐ Delete
NAME **HARDMAN, ELAINE MAHONE DR.**
STREET ADDRESS **4119 NORTH STATE ROAD 7, SUITE 8004**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33319**

TITLE **VD** ☐ Delete
NAME **ADAMS, WANNER MD**
STREET ADDRESS **1475 NW 12 AVE**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE ☐ Delete
NAME **GLASSBERG, MARILYN K**
STREET ADDRESS **1475 N W 12 AVE**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

ELAINE MAHONE HARDMAN, M.D.
Elaine Mahone Hardman M.D.

04-25-02 (954) 731-4918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)