

## 2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # N96000004787

1. Entity Name

SYD AND DORA HOFF OSTEOPOROSIS FOUNDATION, INC.

FILED

Apr 25, 2000 8:00 am  
Secretary of State

02-15-2000 90010 028 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1035 N.E. 125TH STREET  
SUITE 320  
NORTH MIAMI FL 331611035 N.E. 125TH STREET  
SUITE 320  
NORTH MIAMI FL 33161-5841

2. Principal Place of Business

4335 Post Ave

3. Mailing Address

4335 Post Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Miami Beach

City &amp; State

Miami Beach

Zip

33140

Country

Dade

Zip

33140

Country

Dade

4. FEI Number

65-0734062

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DONOFF, CRAIG  
18305 BISCAYNE BLVD.  
SUITE 300  
AVENTURA FL 33160

Name

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

10100 GLADES ROAD

SUITE 204

City

BOCA RATON

FL

Zip Code

33434-4370

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 \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	HOFF, SYD	% 1035 N.E. 125TH STREET, SUITE 320	NORTH MIAMI FL 33161	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VD	DONOFF, CRAIG	% 1035 N.E. 125TH STREET, SUITE 320	NORTH MIAMI FL 33161	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
STD	GALPERN, JOEL G	% 1035 N.E. 125TH STREET, SUITE 320	NORTH MIAMI FL 33161	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STD	Bonnie Stillman	1010 SW 55 Ave	Margate, FL 33068	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

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

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

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

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: SYD HOFF 2/10/2000 305-532-2764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)