

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004967

1. Entity Name

AMERICAN WORLDWIDE CHILDREN'S HEART FOUNDATION C

Principal Place of Business

Mailing Address

6365-2 BAY CLUB DRIVE  
FORT LAUDERDALE FL 33308

6365-2 BAY CLUB DRIVE  
FORT LAUDERDALE FL 33308

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

65-0712060

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

MALEK, ROGELIO A  
6365-2 BAY CLUB DRIVE  
FORT LAUDERDALE FL 33308

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

TITLE PD ☐ Delete  
NAME MALEK, ROGELIO  
STREET ADDRESS 6365-2 BAY CLUB DRIVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE VD ☐ Delete  
NAME SYED, ZAKA  
STREET ADDRESS 201 SE 6TH AVENUE STE 9  
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE SD ☐ Delete  
NAME ROHENES, FRANK  
STREET ADDRESS 15800 BULL RUN RD., 3461-F  
CITY-ST-ZIP MIAMI LAKES FL

TITLE TD ☐ Delete  
NAME ROHENES, FRANK  
STREET ADDRESS 15800 BULL RUN RD., #461-F  
CITY-ST-ZIP MIAMI FL

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ROGELIO MALEK

01/06/01 (934) 351-0137

Date

Daytime Phone #

CR2E037 (10/00)

0045602

FILED  
Jan 19, 2001 8:00 am  
Secretary of State

01-19-2001 90002 038 \*\*\*\*61.25

C0005412



DO NOT WRITE IN THIS SPACE