

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000034

1. Entity Name

JOHAN DE VRIES FOUNDATION, INC.

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

05-14-2002 90286 046 ****61.25

Principal Place of Business

Mailing Address

290-174TH ST.
2012
SUNNY ISLES BEACH FL 33160

290-174TH ST.
2012
SUNNY ISLES BEACH FL 33160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0721284

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

DE VRIES, LORETTA
290-174TH ST.
2012
SUNNY ISLES BEACH FL 33160

Name

BRADFORD, JAMES N. JR.

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

2100 W 76TH ST., STE 211

City

HIALEAH

FL

Zip Code

33016

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 PD
NAME DE VRIES, LORETTA
STREET ADDRESS 290-174TH ST.
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160 ☐ Delete

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

TITLE DV
NAME LAMBE, SHERENE
STREET ADDRESS 7737 HARBOUR BLVD
CITY-ST-ZIP MIRAMAR FL 33023 ☐ Delete

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

TITLE SD
NAME ESTEVEZ, STELLA
STREET ADDRESS 20291 NE 30TH AVE. APT. 105
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

TITLE SDT
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☒ Addition

TITLE D
NAME HUNDY, NIGEL REV
STREET ADDRESS 590 NW 159TH ST
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

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

TITLE B
NAME ORTIZ-BUTCHER, CARMEN MD
STREET ADDRESS 4302 ALTON ROAD, SUITE 680
CITY-ST-ZIP MIAMI BEACH FL 33140 ☒ Delete

TITLE D
NAME CARTER, GLADYS
STREET ADDRESS 1018 SOUTH NORTHLAKE DR
CITY-ST-ZIP HOLLYWOOD, FL 33026 ☐ Change ☒ Addition

TITLE B
NAME GOLDBERG, RONALD MD
STREET ADDRESS 12500 S.W. 92ND CT
CITY-ST-ZIP MIAMI FL 33176 ☒ Delete

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

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:

Loretta De Vries

4/29/02

CR2E037 (9/01)