

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000782

1. Entity Name

CHILDREN'S CANCER RELIEF FUND, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90024 030 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1251 N GREENWAY DR MIAMI FL 33134 US	PO BOX 331062 MIAMI FL 33233-1062

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. BOX 143601
City & State	City & State
	CORAL GABLES, FLORIDA

Zip	Country	Zip	Country
33114	USA	33114	USA

4. FEI Number	Applied For
65-0815315	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
FORT, JOHN 1251 N GREENWAY DR CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	ALVAREZ, SUSANA
STREET ADDRESS	2550 S.W. 118 COURT
CITY-ST-ZIP	MIAMI FL 33175
TITLE	D <input type="checkbox"/> Delete
NAME	FORT, JOHN
STREET ADDRESS	POST OFFICE BOX 331062
CITY-ST-ZIP	MIAMI FL 33233
TITLE	D <input type="checkbox"/> Delete
NAME	CAMPBELL, MARIA
STREET ADDRESS	4030 S.W. 124 AVENUE
CITY-ST-ZIP	MIAMI FL 33175
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	P.O. BOX 143601
CITY-ST-ZIP	CORAL GABLES, FLORIDA 33114
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED FOR 1/26/00 305-529-1620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)