

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91515 012 ****61.25

DOCUMENT # N98000002197

1. Entity Name

THE SIMON ROZEN FOUNDATION FOR THE HIGHER EDUCATION OF ONCOLOGY NURSES, INC.

Principal Place of Business

Mailing Address

ADAMS BUILDING SUITE 201
 4701 N MERIDIAN AVE
 MIAMI BEACH FL 33140

ADAMS BUILDING SUITE 201
 4701 N MERIDIAN AVE
 MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

1200 NW 98 AVE

1200 NW 98 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

PLANTATION, FL

Zip

33322

Country

USA

Zip

33322

Country

4. FEI Number

65-0890663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROZEN, SIMON
 ADAMS BUILDING SUITE 201
 4701 N MERIDIAN AVE
 MIAMI BEACH FL 33140

Name

SIMON ROZEN

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

9348 CARLYLE AVE,

City

SURFSIDE

FL

Zip Code

33154

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

5-1-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME D
 STREET ADDRESS BECKER, THEODORE
 CITY-ST-ZIP 177 OCEAN LANE DRIVE #514
 KEY BISCAYNE FL 33149

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS GROSSMAN, MARTIN
 CITY-ST-ZIP 4701 N MERIDIAN AVE SUITE E100
 MIAMI BEACH FL 33140

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MILONE, DOMINICK D
 CITY-ST-ZIP 260 MONTAUK HWY.
 BAY SHORE NY 11706

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS ROZEN, SIMON
 CITY-ST-ZIP 4701 N MERIDIAN AVE STE 201
 MIAMI BEACH FL 33140

TITLE ☒ Change ☐ Addition
 NAME D
 STREET ADDRESS SIMON ROZEN
 CITY-ST-ZIP 9348 CARLYLE AVE,
 SURFSIDE, FL 33154

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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 REQUIRED SIMON ROZEN

5-1-02

305-865-3540

CR2E037 (9/01)