

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003221

1. Entity Name

FRIENDS OF THE BURN CENTER, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90076 010 ****61.25

Principal Place of Business Mailing Address
12651 SOUTH DIXIE HIGHWAY 12651 SOUTH DIXIE HIGHWAY
SUITE 321 SUITE 321
MIAMI FL 33156 MIAMI FL 33156-5964

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

65-0939060

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

AGNETTI, JOHN B ESQ.
909 N MIAMI BEACH BLVD.
SUITE 201
N MIAMI BEACH FL 33162

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME DAMASIO, SANDRA
STREET ADDRESS 169 NE 16TH COURT
CITY-ST-ZIP DANIA FL 33004

TITLE ☐ Change ☒ Addition
NAME Treasurer
STREET ADDRESS STEVEN LOWE
CITY-ST-ZIP 12651 So Dixie Hwy
Miami FL 33156

TITLE D ☐ Delete
NAME MORROW, TIM
STREET ADDRESS 6555 W. 26TH DR. #13 BLD 35
CITY-ST-ZIP HIALEAH FL 33014

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

TITLE D ☐ Delete
NAME MENDELSON, MEL
STREET ADDRESS 9751 PALMETTO CLUB LANE WEST
CITY-ST-ZIP MIAMI FL 33157

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

TITLE P ☐ Delete
NAME KUPINSKI, LAURA
STREET ADDRESS 12651 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP MIAMI FL 33156

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

TITLE V ☐ Delete
NAME LLANO, CARLOS
STREET ADDRESS 12651 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP MIAMI FL 33156

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

TITLE S ☐ Delete
NAME VAN METTER, NICOLLE
STREET ADDRESS 12651 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP MIAMI FL 33156

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

5/22/00 305.338.8319
Date Daytime Phone #

CR2E037 (9/99)