

2000 UNIFORM BUSINESS REPORT (UBR)

8/9/00

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-09-2000 90084 045 ****61.25

DOCUMENT # N99000004494

1. Entity Name

CANCER RESEARCH FOUNDATION, INC.

P

Principal Place of Business

300 NE 75TH STREET
 MIAMI FL 33138

Mailing Address

300 NE 75TH STREET
 MIAMI FL 33138

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip Country
33138 USA

Zip Country
33138

4. FEI Number
65-0935362

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

ARSLANIAN, LOUIS C
2500 HOLLYWOOD BLVD
STE 214
HOLLYWOOD FL 33020

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

After September 13, 2000 min. will be \$236.25

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 **PRESIDENT - DIRECTOR** ☐ Delete
 NAME **STUART P. UFFNER**
 STREET ADDRESS **PO BOX 380579**
 CITY-ST-ZIP **MIAMI FL 33138**

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

TITLE **SECRETARY - TRUSTEE** ☐ Delete
 NAME **JEROME UFFNER**
 STREET ADDRESS **PO BOX 380579**
 CITY-ST-ZIP **MIAMI FL 33138**

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

TITLE **JUDITH UFFNER - TRUSTEE** ☐ Delete
 NAME **PO BOX 380579**
 STREET ADDRESS **MIAMI FL 33138**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 information.

SIGNATURE:

JEROME UFFNER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)

954/321-2599
 X 719