

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90159 049 \*\*\*\*61.25

**DOCUMENT # N99000004494**

1. Entity Name

**CANCER RESEARCH FOUNDATION, INC.**

Principal Place of Business

Mailing Address

P O BOX 380579  
 MIAMI FL 33138

P O BOX 380579  
 MIAMI FL 33138

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

**65-0935362**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Stuart Uffner*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**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 ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **UFFNER, STUART P**  
 CITY-ST-ZIP **P O BOX 380579**  
**MIAMI FL 33138**

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

TITLE ☐ Delete  
 NAME **ST**  
 STREET ADDRESS **UFFNER, JEROME**  
 CITY-ST-ZIP **P O BOX 380579**  
**MIAMI FL 33138**

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

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **UFFNER, JUDITH**  
 CITY-ST-ZIP **P O BOX 380579**  
**MIAMI FL 33138**

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

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 an other like empowered.

SIGNATURE:

*Stuart Uffner*

**REQUIRED**

*7/16/02 305-944-9001*

CR2E037 (4/02)

*Attachment*  
*#N9900000494* *50130657*  
CANCER RESEARCH FOUNDATION

P.O. BOX 380579  
MIAMI, FLORIDA 33138

July 16, 2002

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500  
ATT. Madeline

RE: N99000004494

Madeline,

Per our conversation last week, please accept this letter as an explanation for waiving late fees on our corporate Uniform Business Report.

As I mentioned in our phone conversation, I never received the renewal notice in December as we should have. Enclosed, is the renewal notice along with our company check for payment. I appreciate you offering us this courtesy.

If you need to contact us, please call at 305-944-9001. Thank you very much for your help!

Sincerely,

  
Stuart P. Uffner