

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State
 05-12-2000 90087 049 ****61.25

DOCUMENT # N99000006078

1. Entity Name

PROSTATE CANCER FOUNDATION OF AMERICA, INC.

Principal Place of Business

Mailing Address

5450 N. UNIVERSITY DRIVE
 LAUDERHILL FL 33351

5450 N. UNIVERSITY DRIVE
 LAUDERHILL FL 33351-5006

2. Principal Place of Business

3. Mailing Address

262 SW 12 AVENUE

262 SW 12 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH FL

City & State

DEERFIELD BEACH FL

Zip

Country

US

Zip

Country

US

4. FEI Number

☒ 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

KUPERBERG, HELENE
 5450 N. UNIVERSITY DRIVE
 LAUDERHILL FL 33351

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

Helene Kuperberg
 Signature typed or printed name of registered agent and title if applicable

HELENE KUPERBERG
 (NOTE: Registered Agent signature required when reinstating)

4/26/00
 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 ☐ Delete
 NAME D
 STREET ADDRESS KUPERBERG, HELENE
 CITY-ST-ZIP 5450 N. UNIVERSITY DRIVE
 LAUDERHILL FL 33351

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 262 SW 12 AVE
 CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ Delete
 NAME D
 STREET ADDRESS PELLER, STUART
 CITY-ST-ZIP 5450 N. UNIVERSITY DRIVE
 LAUDERHILL FL 33351

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS STERNBERG, ANDREW
 CITY-ST-ZIP 5450 N. UNIVERSITY DRIVE
 LAUDERHILL FL 33351

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS CEBELAK, MICHAEL
 CITY-ST-ZIP 5450 N. UNIVERSITY DRIVE
 LAUDERHILL FL 33351

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 all other like empowered.

SIGNATURE:

Helene Kuperberg
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

954 815 7104