

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

040445 AV

**DOCUMENT # P01000001080**

1. Entity Name  
**SOUTH FLORIDA BONE MARROW/STEM CELL TRANSPLANT I  
NSTITUTE, INC.**

04-07-2002 90044 016 \*\*\*150.00

Principal Place of Business  
**890 PERIWINKLE ST.  
BOCA RATON FL 33486**

Mailing Address  
**890 PERIWINKLE ST.  
BOCA RATON FL 33486**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**10301 HAGEN RANCH ROAD**  
Suite, Apt. #, etc.  
**SUITE 600**

3. Mailing Address  
**10301 HAGEN RANCH ROAD**  
Suite, Apt. #, etc.  
**SUITE 600**

City & State  
**BOYNTON BEACH, FL**

City & State  
**BOYNTON BEACH, FL**

4. FEI Number  
**65-1069477**

Applied For  
Not Applicable

Zip Country  
**33437 PALM BEACH**

Zip Country  
**33437 PALM BEACH**

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NULAND, CHRISTOPHER L  
1000 RIVERSIDE AVE., STE. 200  
JACKSONVILLE FL 32204**

7. Name and Address of New Registered Agent

Name  
**MAHARAJ, DIPNARINE**  
Street Address (P.O. Box Number is Not Acceptable)  
**10301 HAGEN RANCH ROAD**  
**SUITE 600**  
City **BOYNTON BEACH** FL Zip Code **33437**

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]*

**DIPNARINE MAHARAJ**

**03/27/02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D MAHARAJ, DIPNARINE**  
**890 PERIWINKLE ST.**  
**BOCA RATON FL 33486** ☐ Delete **→**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D GOUVEE, JACQUELINE**  
**890 PERIWINKLE ST.**  
**BOCA RATON FL 33486** ☐ Delete **→**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP MAHARAJ, DIPNARINE** ☒ Change ☐ Addition  
**890 PERIWINKLE ST.**  
**BOCA RATON, FL 33486**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DTS GOUVEA, JACQUELINE V.** ☒ Change ☐ Addition  
**890 PERIWINKLE ST.**  
**BOCA RATON, FL 33486**

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIG Jacqueline V. Gouvea*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/27/02**

Date

**(561) 752-5522**

Daytime Phone #

CR2E034 (9/01)