

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90064 011 \*\*\*150.00

**DOCUMENT # P01000081712**  
 1. Entity Name  
**ST. MARY'S SCHOOL OF MEDICINE FOUNDATION, INC.**

Principal Place of Business  
**20533 BISCAYNE BLVD.**  
**BOX 13515**  
**AVENTURA FL 33180**

Mailing Address  
**20533 BISCAYNE BLVD.**  
**BOX 13515**  
**AVENTURA FL 33180**



2. Principal Place of Business  
**20533 BISCAYNE BLVD**

3. Mailing Address  
**20533 BISCAYNE BLVD**

Suite, Apt. #, etc.  
**Bx # 1315**

Suite, Apt. #, etc.  
**Bx # 1315**

City & State  
**AVENTURA, FL**

City & State  
**AVENTURA, FL**

Zip  
**33180**

Country

Zip  
**33180**

Country

4. FEI Number  
**65-1035809**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**SINGER, BERNARD A**  
**4925 SHERIDAN STREET, SUITE A**  
**HOLLYWOOD FL 33021**

**7. Name and Address of New Registered Agent**

Name **SINGER, BERNARD A**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3107 STIRLING RD., SUITE # 105**  
 City **FT. LAUDERDALE FL** Zip Code **33312**

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 **BERNARD A. SINGER, P.A.** DATE **4/26/2002**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	HUBBART, DWANE	20533 BISCAYNE BLVD.	AVENTURA FL 33180	<input type="checkbox"/>
D	GOVENDER, KARMANI	20533 BISCAYNE BLVD.	AVENTURA FL 33180	<input type="checkbox"/>
D	MOORE, BETTY	20533 BISCAYNE BLVD.	AVENTURA FL 33180	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	GOVENDER KAMANI	20533 BISCAYNE BLVD	AVENTURA, FL, 33180	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **REKAMANI GOVENDER** DATE **04/26/2002** DAYTIME PHONE # **305-712-1874**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UBR/11 AY

CR2E034 (9/01)