

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 24, 1999 8:00 am
Secretary of State

06-24-1999 90021 036 ****61.25

DOCUMENT # P39000

1. Corporation Name

NATIONAL LEUKEMIA RESEARCH ASSOCIATION, INC.

Principal Place of Business

585 STEWART AVE.
GARDEN CITY NY 11530
US

Mailing Address

585 STEWART AVE.
GARDEN CITY NY 11530
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/28/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

11-2106778

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEREZ, RAYMOND V
180 N.E. 128 TERRACE
MIAMI FL 33161

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT
NAME SCHWAB, GILBERT
STREET ADDRESS 31 STAUBER DRIVE
CITY-ST-ZIP PLAINVIEW NY ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VT
NAME CUTOLO, WILLIAM P
STREET ADDRESS 1435 BROADWAY
CITY-ST-ZIP NEW YORK NY ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME DINERSTEIN, ROBERT J
STREET ADDRESS 6080 JERICHO TURNPIKE
CITY-ST-ZIP COMMACK NY 11725 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME ASCHER, PETER
STREET ADDRESS 32 MARION AVENUE
CITY-ST-ZIP MERRICK NY 11566 ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ED
NAME WEINBERG, ALLAN D
STREET ADDRESS 993 WOODOAK DRIVE
CITY-ST-ZIP BALDWIN NY ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME KOBRICK, STUART
STREET ADDRESS 350 FIFTH AVENUE, STE 4309
CITY-ST-ZIP NEW YORK NY 10118 ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/99

576 222 1944

Date

Daytime Phone #

CR2E037 (1/98)