

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P39000

1. Entity Name

NATIONAL LEUKEMIA RESEARCH ASSOCIATION, INC.

Children's Leukemia Research Association, Inc.

Principal Place of Business

585 STEWART AVE.
GARDEN CITY NY 11530
US

Mailing Address

585 STEWART AVE.
GARDEN CITY NY 11530-4783
US

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -6 AM 9:20

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

11-2106778

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

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

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

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

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

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

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00

562221944

Date

Daytime Phone #

CR2EN:7/19/01