

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90093 037 ****70.00

DOCUMENT # 704408



1. Entity Name
THE BERTHA ABESS CHILDREN'S CENTER, INC.

Principal Place of Business Mailing Address
1056 17 STREET **1056 17 STREET**
MIAMI BEACH FL 33129 **MIAMI BEACH FL 33129**
US **US**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number **59-0976373** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, GERALD
333 NE 23RD STREET
MIAMI FL 33137

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUEVAS, GILBERTO	NAME	
STREET ADDRESS	5801 BISCAYNE BLVD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, ROBERT DR	NAME	
STREET ADDRESS	5801 BISCAYNE BLVD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, GERALD	NAME	
STREET ADDRESS	5801 BISCAYNE BLVD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAEGER, CAROLYN J.	NAME	
STREET ADDRESS	5801 BISCAYNE BLVD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUDWIG, SIDNEY MRS.	NAME	
STREET ADDRESS	5801 BISCAYNE BLVD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *C. Kins-Loeser* **CRANFORD REQUIRED** *len Kins-Loeser 3/3/03 (305) 756-7116*

CR2E037 (10/02)