

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # 705135****1. Entity Name**
JEWISH FAMILY SERVICE INC OF BROWARD COUNTY, FLORIDA**Principal Place of Business**
100 S. PINE ISLAND RD.
#130
PLANTATION FL 33324
Mailing Address
100 S. PINE ISLAND RD.
#130
PLANTATION FL 33324**2. Principal Place of Business**
3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
59-0995106Applied 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 AgentSUNDEL SANDRA S.
100 S. PINE ISLAND RD.
#130
PLANTATION FL 33324**7. Name and Address of New Registered Agent**

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 SANDRA SUNDEL****04/27/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE	TD	<input type="checkbox"/> Delete
NAME	TELLES SELMA	
STREET ADDRESS	233 JACARANDA DR	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	ED	<input type="checkbox"/> Delete
NAME	SUNDEL SANDRA S.	
STREET ADDRESS	100 S. PINE ISLAND RD, #130	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROSEN STEVEN	
STREET ADDRESS	10736 NW 21 ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WELLINS STEVE	
STREET ADDRESS	101 NW 108 WAY	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CARR PAULA	
STREET ADDRESS	674 TROPICAL WAY	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TELLES SELMA	
STREET ADDRESS	233 JACARANDA DR	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEDECK LILA	
STREET ADDRESS	6300 SW 130TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33330	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLINS STEVEN	
STREET ADDRESS	101 NW 108 WAY	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: Sandra Sundel****ED****04/27/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)