

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90052 025 ****61.25

DOCUMENT # 728055

1. Entity Name

BROWARD COUNTY ASSOCIATION OF THE DEAF, INC.

Principal Place of Business

Mailing Address

**BROWARD ASSOC. OF THE DEAF
 362 WEST SAMPLE ROAD
 POMPANO BEACH FL 33064**

**BROWARD ASSOC. OF THE DEAF
 362 WEST SAMPLE ROAD
 POMPANO BEACH FL 33064**

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

23-7326978

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

**BERGER, ELIZABETH
 362 W SAMPLE RD
 POMPANO BEACH FL 33064**

Name

Aurora V. Solomon

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

362 West Sample Road

City

Pompano Beach

FL

Zip Code

33064

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

Aurora V. Solomon

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

(NOTE: Registered Agent signature required when reinstating)

1/17/02

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 **P** Delete
 NAME **WHEELER, MILDRED**
 STREET ADDRESS **4601 SW 30TH WAY**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **FINKELSTEIN, NORMAN**
 STREET ADDRESS **7561 NW 1ST BLVD 11 #308**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **UDELSON, JOEL**
 STREET ADDRESS **4223 NW 83RD LANE**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **BERGER, ELIZABETH**
 STREET ADDRESS **7787 HAMPTON BLVD**
 CITY-ST-ZIP **N LAUDERDALE FL 33068**

TITLE **S** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TR** Delete
 NAME **NIKOLAUS, HAROLD**
 STREET ADDRESS **7380 NW 18TH ST APT 101**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TR** Delete
 NAME **GEFFEN, ROBERT**
 STREET ADDRESS **7702 BRISTOL BAY LN**
 CITY-ST-ZIP **LAKE WORTH FL**

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:

Aurora V. Solomon

1-17-02

CR2E037 (9/01)