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Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90031 012 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 738910

1. Corporation Name

UNIVERSAL AID FOR CHILDREN, INC.

Principal Place of Business

167 SW 6TH ST
 POMPANO BEACH FL 33060
 US

Mailing Address

167 SW 6TH ST
 POMPANO BEACH FL 33060
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/11/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1739205	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		30	

9. Name and Address of Current Registered Agent

KELLOGG, LORRI S.
 256 S.W. 10TH COURT
 POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SICKLES, BARRY	1.2 NAME	
STREET ADDRESS	9120 NW 53RD MANOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKNER, ROSA	2.2 NAME	
STREET ADDRESS	4005 B VILLAGE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALONSO, MARITZA	3.2 NAME	
STREET ADDRESS	1315 COUNTRY CLUB PRADO	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAN, ALICE	4.2 NAME	
STREET ADDRESS	8790 SW 57TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33328	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPACE, LISA	5.2 NAME	
STREET ADDRESS	7560 NW 74 PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33067	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAYNE, DEBRA	6.2 NAME	
STREET ADDRESS	3327 CARAMBOLA CIRCLE S.	6.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33066	6.4 CITY-ST-ZIP	

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

1/13/99 (954) 785 0033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)