

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90158 001 \*\*\*\*70.00

**DOCUMENT # 738910**

1. Entity Name

**UNIVERSAL AID FOR CHILDREN, INC.**

Principal Place of Business

Mailing Address

167 SW 6TH ST  
 POMPANO BEACH FL 33060  
 US

167 SW 6TH ST  
 POMPANO BEACH FL 33060-7917  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1739205**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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: **D PRESIDENT**  Delete  
 NAME: **SICKLES, BARRY**  
 STREET ADDRESS: **9120 NW 53RD MANOR**  
 CITY-ST-ZIP: **CORAL SPRINGS FL 33067**

TITLE: **KEVIN MURRAY (Vice President)**  Change  Addition  
 NAME: **KEVIN MURRAY**  
 STREET ADDRESS: **8210 SW 111th Terrace**  
 CITY-ST-ZIP: **Miami, FL 33156**

TITLE: **D**  Delete  
 NAME: **BUCKNER, ROSA**  
 STREET ADDRESS: **4005 B VILLAGE DR**  
 CITY-ST-ZIP: **DELRAY BEACH FL 33445**

TITLE: **Rebecca Markovic (Secretary)**  Change  Addition  
 NAME: **Rebecca Markovic**  
 STREET ADDRESS: **13360 NW 11th Lane**  
 CITY-ST-ZIP: **SUNRISE, FL 33323**

TITLE: **D**  Delete  
 NAME: **ALONSO, MARITZA**  
 STREET ADDRESS: **1315 COUNTRY CLUB PRADO**  
 CITY-ST-ZIP: **CORAL GABLES FL 33134**

TITLE: **Jim Griffin**  Change  Addition  
 NAME: **JIM GRIFFIN**  
 STREET ADDRESS: **12209 SW 52nd Street**  
 CITY-ST-ZIP: **COOPER CITY, FL 33330**

TITLE: **TD**  Delete  
 NAME: **CHAN, ALICE**  
 STREET ADDRESS: **8790 SW 57TH ST**  
 CITY-ST-ZIP: **COOPER CITY FL 33328**

TITLE: **KAY RAGON**  Change  Addition  
 NAME: **KAY RAGON**  
 STREET ADDRESS: **551 SW 76th Avenue**  
 CITY-ST-ZIP: **DAVIE, FL 33328**

TITLE: **D**  Delete  
 NAME: **DEPACE, LISA**  
 STREET ADDRESS: **7560 NW 74 PL**  
 CITY-ST-ZIP: **PARKLAND FL 33067**

TITLE: **Bennett Lorman (treasurer)**  Change  Addition  
 NAME: **Bennett Lorman**  
 STREET ADDRESS: **7926 NW 41st Court**  
 CITY-ST-ZIP: **SUNRISE, FL 33351**

TITLE: **D**  Delete  
 NAME: **LAYNE, DEBRA**  
 STREET ADDRESS: **3327 CARAMBOLA CIRCLE S.**  
 CITY-ST-ZIP: **COCONUT CREEK FL 33066**

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)(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: *Lorri Kellogg* Executive Director 4-22-00 (954) 785-0033  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)