

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750587

1. Entity Name

DEERFIELD BEACH AUXILIARY OF THE HABILITATION CE

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90293 002 ****61.25

Principal Place of Business 22313 BOCA RIO ROAD BOCA RATON FL 33433	Mailing Address 22313 BOCA RIO ROAD BOCA RATON FL 33433-4701
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DO NOT WRITE IN THIS SPACE

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 59-2024495	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERRIS, WILLIAM C.
 22313 BOCA RIO ROAD
 BOCA RATON, FL
 BOCA RATON FL 33433

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 _____
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	SAPOSNEKOO, LOUIS	
STREET ADDRESS	2040 LYNDHURST J	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000 33442	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TRACTENBERG, JOSEPH	
STREET ADDRESS	3031 LYNDHURST J	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SAPOSNEKOO, SYLVIA Z	
STREET ADDRESS	2040 LYNDHURST J	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000 33442	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SCHUMAN, SELMA	
STREET ADDRESS	2002 UPMINSTER J	
CITY-ST-ZIP	DEERFIELD BEACH, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETH CHERNOFF	
STREET ADDRESS	233 TILFORD L	
CITY-ST-ZIP	DEERFIELD BEACH, 33442	
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		

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: *Louis Saposnekoo* LOUIS SAPOSNEKOO 1/12/00 (954) 926-1432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)