

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90466 022 ****70.00

DOCUMENT # *NO2498*

1. Entity Name
UNITED CEREBRAL PALSY RESIDENTIAL
SERVICES, INC.



DO NOT WRITE IN THIS SPACE

90039029

2. Principal Place of Business
6601 S.W. 41 Street
Suite, Apt. #, etc.

3. Mailing Address
10899 S.W. 4th Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Davie, Florida

City & State
Miami, Florida

4. FEI Number
59-2419236

Applied For
Not Applicable

Zip
33314
Country
USA

Zip
33174
Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Roy R. Lustig, Esq.

Street Address (P.O. Box Number is Not Acceptable)
2600 Douglas Road

Suite 908

City
Coral Gables FL Zip Code
33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMD Aniello, Joseph 10899 S.W. 4 Street Miami, Florida 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Rangel, Richard 25 West Flalger St. Miami, Florida 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Bonchick, Norman 441 S.W. 12th Avenue Deerfield Beach, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Steinhart, Craig 2501 N.E. 22nd Terrace Ft. Lauderdale, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Spivak, Ruth 7290 Kinghurst Dr. #310 Delray Beach, FL 33446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph A. Aniello, PMD 2-12-03 305 547-2189