2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32190

1. Entity Name

FOSTER CARE REVIEW, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State
04-18-2000 90172 038 ****70.00

Principal Place of Business	Mailing Address
3050 BISCAYNE BLVD SUITE#900 MIAMI FL 33137 US	3050 BISCAYNE BLVD SUITE #900 MIAMI FL 33137-4143 US

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 65-0118944 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ATKINS, LAURA L
3050 BISCYANE BLVD, STE 900
MIAMI FL 33137

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. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHEERAN, ANNE F. 19150 S ST ANDREWS DRIVE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARRACCINI, LINDA A 6280 SUNSET DR, STE 407 MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HALSEY, DOUGLAS 200 S BISCAYNE BLVD 4980 MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LOWE, ROGER 3737 NW 87TH AVE MIAMI FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D MANDEL, DAVID S 169 E FLAGLER STREET STE 1200 MIAMI FL 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSTOV, BARBARA 12051 SW 69TH PLACE MIAMI FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SPENCE, MICAEL A 2601 S. BAYSHORE DRIVE, STE 1450 MIAMI FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SPENCE, MICHAEL A	☒ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED David S. Mandel 4/10/00 305-374-7771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Attachment
D00065363

FOSTER CARE REVIEW, INC. #N32190
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Attachment to Block 13: Additions

7.1 TITLE	D
7.2 NAME	ARCOS, CRESENCIO
7.3 STREET ADDRESS	2333 PONCE DE LEON BLVD
7.4 CITY-ST-ZIP	CORAL GABLES FL 33134
8.1 TITLE	D
8.2 NAME	CANDIA, RICHARD F
8.3 STREET ADDRESS	11200 SW 8TH STREET
8.4 CITY-ST-ZIP	MIAMI FL 33199
9.1 TITLE	D
9.2 NAME	DALY, JOHN
9.3 STREET ADDRESS	550 BRICKELL AVE, STE 503
9.4 CITY-ST-ZIP	MIAMI FL 33131
10.1 TITLE	D
10.2 NAME	DUCKENFIELD, DAVID A
10.3 STREET ADDRESS	5201 BLUE LAGOON DRIVE STE 620
10.4 CITY-ST-ZIP	MIAMI FL 33126
11.1 TITLE	D
11.2 NAME	HEMINGWAY-ADAMS, RUBY
11.3 STREET ADDRESS	111 NW FIRST STREET, 9TH FLOOR
11.4 CITY-ST-ZIP	MIAMI FL 33128
12.1 TITLE	D
12.2 NAME	HURST, JR, CLAUDE H
12.3 STREET ADDRESS	13111 SW 19TH DRIVE
12.4 CITY-ST-ZIP	MIAMI FL 33027
13.1 TITLE	D
13.2 NAME	KREEGER, JUDITH L
13.3 STREET ADDRESS	175 NW FIRST AVENUE, ROOM 2114
13.4 CITY-ST-ZIP	MIAMI FL 33128
14.1 TITLE	D
14.2 NAME	LAWRENCE, LONNIE R
14.3 STREET ADDRESS	831 NW 207 STREET
14.4 CITY-ST-ZIP	MIAMI FL 33169

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Attachment to Block 13: Additions (Page 2)

15.1 TITLE	D
15.2 NAME	MARGOLIS, JANET
15.3 STREET ADDRESS	20 TAHITI BEACH ISLAND ROAD
15.4 CITY-ST-ZIP	MIAMI FL 33143
16.1 TITLE	D
16.2 NAME	NORTON, JOHN
16.3 STREET ADDRESS	6801 MIAMI GARDENS DRIVE
16.4 CITY-ST-ZIP	MIAMI FL 33015
17.1 TITLE	D
17.2 NAME	SAMWAY, MICHAEL A
17.3 STREET ADDRESS	95 MERRICK WAY STE 200
17.4 CITY-ST-ZIP	CORAL GABLES FL 33134
18.1 TITLE	D
18.2 NAME	ZAWISZA, CHRISTINA A
18.3 STREET ADDRESS	3305 COLLEGE AVENUE
18.4 CITY-ST-ZIP	FT LAUDERDALE FL 33314-7721