## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N33461

1. Entity Name

## THE BERNARD ROTHFELD CHILDREN'S FOUNDATION, INC.



## **FILED** May 01, 2003 8:00 am § Secretary of State 05-01-2003 90207 008 \*\*\*\*61.25

Principal Plac			<del></del>		<del>-</del>			
Principal Place of Business 7676 GRANVILLE DR. BUILDING E TAMARAC FL 33319		Mailing Address 7676 GRANVILLE DR. BUILDING E TAMARAC FL 33319		A Stranger	و ندوان الله و الله			
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2. Principal F	Place of Busin	ess	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 65-0143398 Applied For Not Applicable				
Zip		Country	Zip	Country	5. Certificate of Stat		8.75 Add	
	6. Name	and Address of Current	Registered Agent		7. Name and Addre	ss of New Registered Ag	jent	
			· · · · · · · · · · · · · · · · · · ·	Name				
ROTHFELD, RUTH				Street Addre	ss (P.O. Box Number is No	t Accortable)		
7676 GRANVILLE DR.				Street Addre	işs (r.O. box riqimber iş iyo	i Accepiable)		1
BUILDING	GE.							
TAMARA	C FL 33319						T =: 0 = i	
				City		FL	Zip Code	e
8. The above	named entity	submits this statement fo	r the purpose of changing its	registered office or regi	stered agent, or both, in the	e State of Florida. I am far	niliar with.	and accept
the obligat	tions of registe	ered agent.	,	•			,	
								ſ
SIGNATURE .								
	Signature, typed	or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signature req	uired when reinstating)	DATE		
الخطا	FILE NOW	FEE IS \$61.25	9. Election Can Trust Fund C	npaign Financing ontribution.	\$5.00 May Be Added to Fees	Make Check Florida Departn		
10.			1		i			
		OFFICERS AND DIF	ECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN	10
TITLE NAME		), RUTH:	ECTORS Delete	TITLE NAME	other Eini	,	CTORS IN	10 Addition -
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indicated on this report or supplemental eport 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: