

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42651

1. Entity Name

ADVOCATES FOR CHILDREN AND FAMILIES, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90055 017 \*\*\*\*61.25

Principal Place of Business

Mailing Address

16831 NE 6TH AVE  
N MIAMI BCH FL 33162  
US

16831 NE 6TH AVE  
N MIAMI BCH FL 33162-2405  
US

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

65-0254656

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLAVIN, LAURIE  
20341 NE 30 AVE #109  
MIAMI FL 33169

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 PD ☐ Delete  
NAME SLAVIN, LAURIE  
STREET ADDRESS 20341 NE 30 AVE 109  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DST ☐ Delete  
NAME ALLEN GINGER  
STREET ADDRESS 2270 POINSETTA CTM RD  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME LEDERMAN, JOANN  
STREET ADDRESS 5860 SW 117 STREET  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FOSBACK, MYRNA  
STREET ADDRESS 528 ALEXANDER PALM RD  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME LAMEL, IRV  
STREET ADDRESS 12175 SW 71ST COURT  
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVP ☐ Delete  
NAME MERCER, SUSAN SCHWARTZ  
STREET ADDRESS 711 THORNBRIDGE AVENUE  
CITY-ST-ZIP DAVIE FL

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)(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:

*Laurie Slavin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/00 305 653 2474

CR2E037 (9/99)