

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90572 031 \*\*\*\*61.25

**DOCUMENT # N92000000623**

1. Entity Name

**FEDERATED CHARITIES, INC.**

Principal Place of Business

Mailing Address

**4816 TAFT ST  
 HOLLYWOOD FL 33021**

**4816 TAFT ST  
 HOLLYWOOD FL 33021**

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 **65-0379522**

Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MALAVSKY, MORTON  
 4816 TAFT ST.  
 HOLLYWOOD FL 33021**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALAVSKY, MORTON</b>	NAME	
STREET ADDRESS	<b>4816 TAFT ST.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLUMENTHAL, FRED</b>	NAME	
STREET ADDRESS	<b>4816 TAFT ST.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SENICK, SYLVIA</b>	NAME	
STREET ADDRESS	<b>4816 TAFT ST.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AZULAY, Y. JUDD</b>	NAME	
STREET ADDRESS	<b>35 S. WACKER DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KURLAND, SHELDON</b>	NAME	
STREET ADDRESS	<b>9853 PINES BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Morton Malavsky* **SIGNATURE REQUIRED** 4-23-02 <sup>954</sup> 507-3100  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)