

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90094 024 \*\*\*\*61.25

**DOCUMENT # N94000000904**

1. Entity Name

**MOTHERS AND CHILDREN TOGETHER, INC. OF BROWARD C**

Principal Place of Business

Mailing Address

PO BOX 451292  
 SUNRISE FL 33345-1292

PO BOX 451292  
 SUNRISE FL 33345-1292

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

**65-0474456**

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

**SIEGEL, DENISE**  
**3590 NW 95 TERRACE**  
**SUNRISE FL 33351**

Name **Miranda, Tina**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6161 N.W. 40 Street**  
 City **Coral Springs** **FL** Zip Code **33067**

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

*TINA MIRANDA, Tina Miranda*

*3-6-00*

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	<input checked="" type="checkbox"/> Delete
NAME	SIEGEL, DENISE	
STREET ADDRESS	3590 NW 95 TERRACE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MIRANDA, TINA	
STREET ADDRESS	6161-NW 40 ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, ADRIANE	
STREET ADDRESS	4305 NW 52 ST	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STEAMER, DEBBIE	
STREET ADDRESS	1367 MEADOWS BLVD	
CITY-ST-ZIP	WESTON FL 33327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miranda, Tina	
STREET ADDRESS	6161 N.W. 40 Street	
CITY-ST-ZIP	Coral Springs FL 33067	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Democko, Francine	
STREET ADDRESS	1178-Birchwood Road	
CITY-ST-ZIP	Weston, FL 33327	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hafling, Cynthia	
STREET ADDRESS	1060 S.W. 128 Drive	
CITY-ST-ZIP	Davie FL 33325	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bianco, Michelle	
STREET ADDRESS	1208 S.W. 149 Terrace	
CITY-ST-ZIP	Sunrise FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*TINA MIRANDA, PRESIDENT*

*3-6-00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)