

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 06, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90061 040 \*\*\*\*61.25

DOCUMENT # N94000000904 (2)  
 1. Entity Name  
**MOTHERS AND CHILDREN TOGETHER INC**  
**OF BROWARD COUNTY**

Principal Place of Business      Mailing Address  
**PO BOX 451292**      **PO BOX 451292**  
**SUNRISE FL**      **SUNRISE FL**  
**33345-1292**      **33345-1292**

2. Principal Place of Business      3. Mailing Address  
 Subo, Apt. #, etc.      Subo, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEJ Number      Applied For  
**65-0474456**      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**TINA MIRANDA**  
**6161 NW 40th St.**  
**Coral Springs FL 33067**

7. Name and Address of New Registered Agent  
 Name      **FRANCINE DEMOCKO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1178 BIRCHWOOD RD**  
 City      **WESTON**      FL      Zip Code      **33327**

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: Francine Democko      4/30/01  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when remaining)      Date

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PRESIDENT	TINA MIRANDA	6161 NW 40th St.	CORAL SPRINGS FL 33067	<input checked="" type="checkbox"/>
VICE PRESIDENT	FRANCINE DEMOCKO	1178 Birchwood Rd	WESTON FL 33327	<input checked="" type="checkbox"/>
SECRETARY	CINDY HAFFLING	1600 SW 128th Dr.	DAVIE FL 33325	<input checked="" type="checkbox"/>
TREASURER	MICHELLE BIANCO	1208 SW 14th Terr.	SUNRISE FL 33326	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT	FRANCINE DEMOCKO	1178 Birchwood Rd	WESTON FL 33327	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICE PRESIDENT	TRACEY CELLAR	1921 N 62nd Ave	HOLLYWOOD FL 33024	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECRETARY	JENNIFER HOWIE	4320 NE 12th Terr.	POMPANO BCH FL 33064	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TREASURER	DIANNA MCNAMEE	922 SW 17th Ave	PEMBROKE PINES FL 33029	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Francine Democko      4/30/01  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #