

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

FILED
Jun 18, 2002 8:00 am
Secretary of State

06-18-2002 90484 045 ****61.25

DOCUMENT #N94000000904 (2)
1. Entity Name **MOTHER'S AND CHILDREN TOGETHER
INC. OF BROWARD COUNTY** ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc. **#201W**
1775 N Andrews Ave
City & State **Ft. Lauderdale FL**
Zip **33311** Country **USA**

3. Mailing Address
90 Cathy Salloum
Suite, Apt. #, etc. **#201W**
1775 N Andrews Ave
City & State **Ft. Lauderdale FL**
Zip **33311** Country **USA**

DO NOT WRITE IN THIS SPACE

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**

7. Name and Address of Current Registered Agent

Name **DIANNA McNAMEE**
Street Address (P.O. Box Number is Not Acceptable) **922 SW 176th Ave**
City **Pembroke Pines** FL Zip Code **33029**

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 **Dianna P McNamee** **DIANNA L McNAMEE Pres.** **6/1/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25
Initial or Amended UBR**

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	PRESIDENT / DIRECTOR DIANNA McNAMEE 922 SW 176 AVE PEMBROKE PINES FL 33029	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT / DIRECTORS PENNY PARASCANDO 8577 NW 47th DR. CORAL SPRINGS FL 33067	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY / DIRECTOR MINDY BERKOWITZ 569 LAKESIDE CIRCLE SUNRISE FL 33326	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER / DIRECTOR SHARI SOPHREN 11019 NW 19th ST. CORAL SPRINGS FL 33071	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Dianna P McNamee** **DIANNA L McNAMEE** **6/1/02** **954-433-5237**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #