

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90138 047 *****61.25

DOCUMENT # N95000004032

1. Entity Name

RETARDED ADULTS IN NEED BRIGHTEN OUR WORLD, INC.

Principal Place of Business

Mailing Address

7160 STIRLING RD
 DAVIE PLAZA
 DAVIE FL 33004

7160 STIRLING RD
 DAVIE PLAZA
 DAVIE FL 33004

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

65-0615686

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

MINDE, JEFFREY
4300 N UNIVERSITY DRIVE
SUITE B-104
LAUDERHILL FL 33351

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 NAME STREET ADDRESS CITY-ST-ZIP	P CAPRIO, TERESA L 10260 PORT OF SPAIN ST COOPER CITY FL 33026	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWEIS, FREDRICK T DR 555 SW 148TH AVE #127 SUNRISE FL 33325	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDENBOOMEN, BELINDA 555 SW 148TH AVE #127 SUNRISE FL 33325	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAPRIO, KATHERINE 1425 SW 8 CT FT LAUDERDALE FL 33312	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUFMAN, JEFFREY 2215 SW 27 TERR COCONUT GROVE FL 33133	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPRIO, SAMANTHA 10260 PORT OF SPAIN ST COOPER CITY FL 33026	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. LISA NAROI 4700 S.W. 29th Terr. DAVIE, FL. 33314	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN BASILE 1425 SW 8 CT FT LAUDERDALE FL 33312	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Signature of Teresa L. Caprio
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

954-436-1900
 Daytime Phone #

CR2E037 (10/00)

33536