

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**  
 01-12-2000 90025 023 \*\*\*\*61.25

**DOCUMENT # N97000001113**

1. Entity Name

**COMMUNITIES HELPING CHILDREN FOUNDATION, INC**

Principal Place of Business

Mailing Address

8150 WEST MCNAB ROAD #321  
 TAMARAC FL 33321

8150 WEST MCNAB ROAD #321  
 TAMARAC FL 33321-3239

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

**65-0738797**

Applied For

Not Applied For

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**ROCKOFF, MILDDRED**  
**8150 W. MCNAB RD**  
**TAMARAC FL 33321**

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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ROCKOFF, MILDRED</b>	
STREET ADDRESS	<b>8150 W. MCNAB RD</b>	
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>	

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> *****
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>OFFENBERG, JACK</b>	
STREET ADDRESS	<b>8150 WEST MCNAB ROAD #321</b>	
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>	

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> *****
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REISS, HELEN</b>	
STREET ADDRESS	<b>1104 N.W. 88TH WAY</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33322</b>	

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> *****
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> *****
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> *****
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> *****
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:** *Mildred Rockoff* **MILDRED ROCKOFF** 1/3/00 1-954-722-866  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #