

2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 18, 2001 8:00 am Secretary of State

04-24-2001 90057 038 ****61.25

DOCUMENT # N99000003901

1. Entity Name

ALL 'BOUT CHILDREN, INC.

Principal Place of Business

Mailing Address

127 VENTNOR I
DEERFIELD BEACH FL 33442

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DEERFIELD BEACH FL 33442

44758



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		65-0932032		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ROBINSON, E. JANE 127 VENTNOR I DEERFIELD BEACH FL 33442				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 _____ (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	P	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEIDENFIELD, JOAN		NAME	BRANDI LEZCANO	
STREET ADDRESS	6460 VIA BONITA		STREET ADDRESS	1309 N.W. AVE L	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-ST-ZIP	BELLE GLADE, FL 33430	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBUS, CATHERINE		NAME		
STREET ADDRESS	2999 VIA BONITA		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACHAROW, HELENE		NAME		
STREET ADDRESS	2560 RIVERA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, LINDA		NAME	HUNTER, LINDA	
STREET ADDRESS	2773 SOUTH OCEAN BLVD.		STREET ADDRESS	2773 S. OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	D	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLOTTE, TARELL		NAME	CHARLOTTE TARELL	
STREET ADDRESS	11359 MEADOWLARK CIRCLE		STREET ADDRESS	11359 MEADOW CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436		CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIPPER, SUE		NAME		
STREET ADDRESS	360 EAST COCONUT PALM ROAD		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		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: SIGNATURE REQUIRED LINDA B. HUNTER 4/16/01 (561)212-8521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)