

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

0038546

05-02-2003 90365 006 ****61.25

DOCUMENT # N99000003901

1. Entity Name
ALL'ABOUT CHILDREN, INC.



Principal Place of Business
**127 VENTNOR I
DEERFIELD BEACH FL 33442**

Mailing Address
**127 VENTNOR I
DEERFIELD BEACH FL 33442**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0932032** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ROBINSON, E. JANE
127 VENTNOR I
DEERFIELD BEACH FL 33442**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> Delete
NAME	LEZCANO, BRANDI	
STREET ADDRESS	1309 NW AVE L	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	D	<input type="checkbox"/> Delete
NAME	SACHAROW, HELENE	
STREET ADDRESS	2560 RIVIERA DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HUNTER, LINDA	
STREET ADDRESS	2773 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MESONBERG, STANLEY	
STREET ADDRESS	7086 GRASSY BAY DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ROSENBAUM, CYNTHA	
STREET ADDRESS	7742 NILE RIVER ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASONBERG, MARGIE	
STREET ADDRESS	7086 GRASSY BAY DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Cynthia Rosenbaum* **CYNTHIA ROSENBAUM** **Cynthia Rosenbaum** 4/23/03 561-712-4908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)