2001 UNIFORM BUSINESS REPORT (UBR)

000695 AF

DOCUMENT # A98000001147

1. Entity Name

FAMILY AND CHILD SOLUTIONS, LTD.

FILED
01 MAR 19 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
351 NORTH STATE ROAD 7. SUITE 300 PLANTATION FL 33317	351 NORTH STATE ROAD 7. SUITE 300 PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 590682 Suite, Apt. #, etc.
City & State	City & State: Tamarac, Florida
Zip / Country	Zip: 33359-9998 / Country: U.S.A.

4. FEI Number 65-0830451 ☐ 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
PROCACCI, PHILIP J 5082 COCONUT CREEK PARKWAY MARGATE FL 33063	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$98,000.00	$52,000.00	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000031499	STREET ADDRESS	
NAME	PROCACCI SOLUTIONS, INC.	CITY-ST-ZIP	
STREET ADDRESS	5082 COCONUT CREEK PARKWAY		
CITY-ST-ZIP	MARGATE FL 33063		
DOCUMENT #	P98000031528	STREET ADDRESS	100003907331--6
NAME	FCS-PERLIN, INC.	CITY-ST-ZIP	-03/23/01--01018--029
STREET ADDRESS	7796 MANDARIN DRIVE		****452.75 ****452.75
CITY-ST-ZIP	BOCA RATON FL 33433		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Judy Perlin General Partner 3/15/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (11/00)