

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 738910

**Entity Name:** UNIVERSAL AID FOR CHILDREN, INC.

**Current Principal Place of Business:**

2103 CORAL WAY SUITE 202  
MIAMI, FL 33145

**FILED**  
**Mar 04, 2016**  
**Secretary of State**  
**CC0863091385**

**Current Mailing Address:**

2103 CORAL WAY  
SUITE 202  
MIAMI, FL 33145 US

**FEI Number:** 59-1739205

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

PASCAL, CLARA J  
2103 CORAL WAY, SUITE 202  
MIAMI, FL 33145 US

*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:** CLARA J. PASCAL

03/04/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GILL, HOWARD DR.  
Address        1900 EAST COMMERCIAL BLVD.  
City-State-Zip: FT. LAUDERDALE FL 33308

Title            SECRETARY  
Name            MARKOVIC, REBECCA  
Address        13360 NW 11TH LANE  
City-State-Zip: SUNRISE FL 33323

Title            DIRECTOR  
Name            NICKLEACH, JOHN R  
Address        13 ENSIGN STREET  
City-State-Zip: MANCHESTER CT 06040

Title            VP  
Name            MURRAY, KEVIN J  
Address        8210 SW 111 TERRACE  
City-State-Zip: MIAMI FL 33156

Title            EXECUTIVE DIRECTOR  
Name            PASCAL, CLARA J  
Address        2103 CORAL WAY SUITE 202  
City-State-Zip: MIAMI FL 33145

Title            DIRECTOR  
Name            LUCKEN, NATALIE S  
Address        10436 61 STREET NE  
City-State-Zip: ALBERTVILLE MN 55301

Title            DIRECTOR  
Name            MACPHERSON, SUSAN  
Address        14 HARBOR DROVE  
City-State-Zip: LAKEWORTH FL 33460

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CLARA J. PASCAL

**EXECUTIVE DIRECTOR**

03/04/2016

Electronic Signature of Signing Officer/Director Detail

Date