

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 734960**

1. Entity Name

MEALS ON WHEELS FOR THE AGED SHUT-INS, INC.

Principal Place of Business

**2030 S. OCEAN DR., APT. 414
HALLANDALE FL 33009**

Mailing Address

**2030 S. OCEAN DR., APT. 414
HALLANDALE FL 33009-6606**

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

59-1680679

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GALUTEN, MRS. HORTENSE
2030 S OCEAN DR
APT. 414
HALLANDALE FL 33009**

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.

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

TITLE	T	<input type="checkbox"/> Delete
NAME	GALUTEN, HORTENSE	
STREET ADDRESS	2030 S. OCEAN DR. #414	
CITY-ST-ZIP	HALLANDALE FL	

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRUMKIN, AARON	
STREET ADDRESS	1985 S OCEAN DR #2N	
CITY-ST-ZIP	HALLANDALE FL	

TITLE	V	<input type="checkbox"/> Delete
NAME	GUSTEN, EDWARD	
STREET ADDRESS	2030 S OCEAN DR #1707	
CITY-ST-ZIP	HALLANDALE FL	

TITLE	VD	<input type="checkbox"/> Delete
NAME	PERLMAN, STANLEY	
STREET ADDRESS	2030 S. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL	

TITLE	S	<input type="checkbox"/> Delete
NAME	KRONENGOLD, BETTY	
STREET ADDRESS	1825 S OCEAN DR. #501	
CITY-ST-ZIP	HALLANDALE FL	

TITLE	Lipof, Bert	<input type="checkbox"/> Delete
NAME	300 Diplomat Pkwy #310	
STREET ADDRESS	Hallandale, FL 33009	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Lipof, Bert	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300 Diplomat Pkwy. #310	
STREET ADDRESS	Hallandale, FL 33009	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90082 002 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)