

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90108 035 \*\*\*\*61.25

**DOCUMENT # 738692**

1. Entity Name

**JUNIOR'S CHARITABLE FUND, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 6114-  
HOLLYWOOD FL 33081

P.O. BOX 6114  
HOLLYWOOD FL 33081

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

**59-1766058**

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

**MARTENS, SUSIE**  
**2809 MORNING GLORY LANE**  
**DAVIE FL 33328**

Name **Joanne DeLizza**

Street Address (P.O. Box Number is Not Acceptable)

**1602 Eastlake Way**

City **Weston, FL**

**FL**

Zip **33326**

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

*Joanne DeLizza*

(NOTE: Registered Agent signature required when reinstating)

**2/21/02**

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 **VPD** ☒ Delete  
NAME **SPASIANO, PATTY**  
STREET ADDRESS **3504 ARTHUR STREET**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Joanne DeLizza**  
STREET ADDRESS **1602 Eastlake Way**  
CITY-ST-ZIP **Weston, FL 33326**

TITLE **PD** ☒ Delete  
NAME **MARTENS, SUSIE**  
STREET ADDRESS **2809 MORNING GLORY LANE**  
CITY-ST-ZIP **DAVIE FL 33328**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **Marybeth Thompson**  
STREET ADDRESS **17408 NW 8 ST.**  
CITY-ST-ZIP **Pembroke Pines, FL 33325**

TITLE **TD** ☒ Delete  
NAME **STRICKMAN, JENNIFER**  
STREET ADDRESS **4951 SW 33RD TERR**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **SD** ☒ Change ☐ Addition  
NAME **Caren Chase**  
STREET ADDRESS **5000 W. Park Rd.**  
CITY-ST-ZIP **Hollywood, FL 33021**

TITLE **SD** ☒ Delete  
NAME **THOMPSON, MARYBETH**  
STREET ADDRESS **17408 NW 8TH STREET**  
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **TD** ☒ Change ☐ Addition  
NAME **Denise Paparella**  
STREET ADDRESS **5501 Roosevelt St.**  
CITY-ST-ZIP **Hollywood, FL 33021**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Denise Paparella* Treasurer **2/18/02 954-985-1393**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)