

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

007435

DOCUMENT # 747582

1. Entity Name

KIDS IN DISTRESS, INC.

04-09-2002 90722 036 ****70.00

Principal Place of Business

**819 N. E. 26 STREET
WILTON MANORS FL 33305**

Mailing Address

**819 N. E. 26 STREET
WILTON MANORS FL 33305**

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

59-1927289

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TOMCZYK, THOMAS J
819 NE 26TH STREET
WILTON MANORS FL 33305**

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 ~~TD~~ ☒ Delete
NAME ~~HUNT-TROSUETH, SUSAN~~
STREET ADDRESS ~~200 E LAS OLAS BLVD~~
CITY-ST-ZIP ~~FORT LAUDERDALE FL 33301~~

TITLE ~~PCD~~ ☒ Delete
NAME ~~GLANTZ, RONALD~~
STREET ADDRESS ~~3152 INVERNESS BLVD~~
CITY-ST-ZIP ~~FORT LAUDERDALE FL 33332~~

TITLE ~~VD~~ ☒ Delete
NAME ~~HUNTER, SCOT~~
STREET ADDRESS ~~2500 WESTERN RD SUITE 218~~
CITY-ST-ZIP ~~WESTON FL 33331~~

TITLE ~~SD~~ ☐ Delete
NAME ~~HIRSCHBERG, EDWARD~~
STREET ADDRESS ~~3101 N FEDERAL HWY, STE. 700~~
CITY-ST-ZIP ~~FT LAUDERDALE FL 33306~~

TITLE ~~CEOP~~ ☐ Delete
NAME ~~TOMCZYK, THOMAS~~
STREET ADDRESS ~~819 NE 26TH STREET~~
CITY-ST-ZIP ~~WILTON MANORS FL~~

TITLE ~~VD~~ ☐ Delete
NAME ~~SHEFFIELD, LEE~~
STREET ADDRESS ~~ONE NORTH UNIVERSITY DRIVE~~
CITY-ST-ZIP ~~PLANTATION FL 33324~~

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~TD~~ ☐ Change ☒ Addition
NAME ~~MIKE LEVIN~~
STREET ADDRESS ~~5160 TOWN CT. CIRCLE~~
CITY-ST-ZIP ~~BOCA RATON, FL 33486~~

TITLE ~~G~~ ☐ Change ☐ Addition
NAME ~~LEE-SHE~~
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~VD~~ ☐ Change ☒ Addition
NAME ~~GALE BUTLER~~
STREET ADDRESS ~~1108 E 6TH ST~~
CITY-ST-ZIP ~~FT LAUDERDALE, FL 33301~~

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

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

TITLE ~~CD~~ ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)