

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90303 045 ****61.25

DOCUMENT # 749900

1. Entity Name

**PARENTS WITHOUT PARTNERS SOUTH FLORIDA REGIONAL
COUNCIL NO. 92, INC.**



Principal Place of Business

15060 SW 104TH STREET
STE. 1615
MIAMI FL 33196
US

Mailing Address

15060 SW 104TH STREET
STE. 1615
MIAMI FL 33196
US

2. Principal Place of Business

18871 N.W. 2nd ST

3. Mailing Address

18871 N.W. 2nd ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

PEMBROKE PINES FL

City & State

PEMBROKE PINES FL

4. FEI Number 59-2097508

Applied For

Not Applicable

Zip

33029

Country

U.S.A.

Zip

33029

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALLACE, WILLIAM P
15060 SW 104TH STREET
STE. 1615
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name

ROWENA BENNETT

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

18871 N.W. 2nd ST

City

PEMBROKE PINES

FL

Zip Code

33029

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ROWENA BENNETT - PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME USHINSKY, JEFF ☒ Delete
STREET ADDRESS 4730 NW 4 TERRACE
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE VD
NAME MARTIN, CLIFF ☒ Delete
STREET ADDRESS 3474 N. UNIVERSITY DR #202
CITY-ST-ZIP SUNRISE FL 33351

TITLE SD
NAME ROSENBERG, SUE ☒ Delete
STREET ADDRESS 2847 CARAMBULA CIRCLE SOUTH
CITY-ST-ZIP COCONUT CREEK FL 33066

TITLE TD
NAME WALLACE, WILLIAM P ☒ Delete
STREET ADDRESS 15060 SW 104TH STREET
CITY-ST-ZIP MIAMI FL 33196

TITLE VD
NAME HANDLEY, JACK ☒ Delete
STREET ADDRESS 1600 NE 56TH ST #2
CITY-ST-ZIP FT LAUDERDALE FL 33334

TITLE S
NAME RUBIN, LAWRENCE ☒ Delete
STREET ADDRESS 61 VIA DE CASAS NORTE
CITY-ST-ZIP BOYNTON BEACH FL 33426

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME ROWENA BENNETT
STREET ADDRESS 18871 N.W. 2nd ST.
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE VD ☒ Change ☐ Addition
NAME MARIE KRIDOS
STREET ADDRESS 18871 N.W. 2nd ST.
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE SD ☒ Change ☐ Addition
NAME CONNIE BENINGTON
STREET ADDRESS 4751 N.W. 10th ST #102
CITY-ST-ZIP SUNRISE FL 33317

TITLE D ☒ Change ☐ Addition
NAME MERIE ROSENBERG
STREET ADDRESS P.O. Box 25887
CITY-ST-ZIP TAMARAC FL 33370-5887

TITLE D ☒ Change ☐ Addition
NAME SUSAN BROOKS
STREET ADDRESS 234 DOWNE LANE
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE D ☒ Change ☐ Addition
NAME JAMES MARTEL
STREET ADDRESS 864 S.W. 35th ST.
CITY-ST-ZIP PALM CITY FL 34990

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: ROWENA BENNETT PRES. 4/17/03 954-433-5547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)