

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90067 015 ****61.25

0039658

DOCUMENT # 755101

1. Entity Name

THE NATIONAL FOUNDATION FOR CHILDREN, INC.

Principal Place of Business

% DR. LAURIE D. BRAGA
3120 CENTER STREET
COCONUT GROVE FL 33133

Mailing Address

% DR. LAURIE D. BRAGA
3120 CENTER STREET
COCONUT GROVE FL 33133

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

59-2039890

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CASEY, DANIEL, A.
KIRKPATRICK & LOCKHART
100 CHOPIN PLAZA, STE 2000, MIAMI CENTER
MIAMI FL 33131

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 \$61.259. 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 PD ☐ Delete
NAME BRAGA, DR. JOSEPH
STREET ADDRESS 3120 CENTER STREET
CITY-ST-ZIP COCONUT GROVE FLTITLE TD ☐ Delete
NAME BRAGA, DR. LAURIE
STREET ADDRESS 3120 CENTER ST
CITY-ST-ZIP COCONUT GROVE FLTITLE SD ☐ Delete
NAME BRAGA, THOMAS
STREET ADDRESS 3120 CENTER STREET
CITY-ST-ZIP COCONUT GROVE FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

2-17-2001 (305) 443-8625

Date

Daytime Phone #

CR2E037 (10/00)