2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763814 ✓

1. Entity Name
Mother's Workshop, Incorporated

Principal Place of Business   Mailing Address

2. Principal Place of Business
7960 Johnson Street
Suite, Apt. #, etc.
Fletcher Recreation Center
Pembroke Pines, FL
Zip 33024 Country USA

3. Mailing Address
5110 SW 114 Way
Suite, Apt. #, etc.
City & State Ft. Lauderdale, FL
Zip 33330 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2804587
| 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**
	Name Laura Gibson
	Street Address (P.O. Box Number is Not Acceptable) 5111 SW 114 Way
	City Ft. Lauderdale FL Zip Code 33330

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

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 ☒ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE D NAME Judith Hill STREET ADDRESS 2253 NW 208 Terrace CITY-ST-ZIP Pembroke Pines FL 33029	☐ Change ☒ Addition
TITLE ☒ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE D NAME Kista Zimmerman STREET ADDRESS 1051 NW 155 Terrace CITY-ST-ZIP Pembroke Pines FL 33028	☐ Change ☒ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 5111 SW 114 Way CITY-ST-ZIP Ft. Lauderdale FL 33330	☒ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: _____ LAURA GIBSON   2/25/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date