

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 11, 2002 8:00 am
Secretary of State**

02-11-2002 90078 047 ****70.00

0074932

DOCUMENT # 763814

1. Entity Name

MOTHER'S WORKSHOP INCORPORATED

Principal Place of Business

**10211 TAFT STREET
PINES CONFERENCE CENTER
PEMBROKE PINES FL 33026
US**

Mailing Address

**5111 SW 114 WAY
FORT LAUDERDALE FL 33330
US**

2. Principal Place of Business

3. Mailing Address

1978 NW 130 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

4. FEI Number

59-2804587

Applied For

Not Applicable

Zip

Country

Zip

Country

33028**USA**

5. Certificate of Status Desired

☒**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**GIBSON, LAURA
5111 SW 114 WAY
FORT LAUDERDALE FL 33330**

7. Name and Address of New Registered Agent

Name

Elaine Ribas

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

1978 NW 130 AVENUE

City

Pembroke Pines**FL**

Zip Code

33028

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)

LAURA GIBSON**1/20/02**

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	D	<input checked="" type="checkbox"/> Delete
NAME	HILL, JUDITH	
STREET ADDRESS	2253 NW 208 TERR	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZIMMERMAN, KISTA	
STREET ADDRESS	1051 NW 155 TERR	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	GIBSON, LAURA	
STREET ADDRESS	5111 SW 114 WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33330	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, SHARI	
STREET ADDRESS	9932 SW 16 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIGNOLA, PAT	
STREET ADDRESS	510 WOODGATE CR	
CITY-ST-ZIP	SUNRISE FL 3326	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIBAS, ELAINE	
STREET ADDRESS	1978 NORTHWEST 130TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Heidi D'Onofrio	
STREET ADDRESS	470 Carrington Drive	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ellen Reinig	
STREET ADDRESS	4801 SW 195 Terrace	
CITY-ST-ZIP	Ft. Lauderdale, FL 33332	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kerri Gordon	
STREET ADDRESS	9511 S. Vermosa Lane	
CITY-ST-ZIP	Tamarac, FL 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

Elaine Ribas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02 (954) 433-7657

Date

Daytime Phone #

CR2037 (9/01)