

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90108 030 ****70.00

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

**1978 NW 130 AVE
PEMBROKE PINES FL 33028
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

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

**RIBAS, ELAINE
1978 NW 130 AVE
PEMBROKE PINES FL 33028**

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

SIGNATURE

Elaine M Ribas

Elaine M Ribas

1/8/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **D'ONOFRIO, HEIDI**
STREET ADDRESS **470 CARNINGTON DRIVE**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **D** ☐ Delete
NAME **REINIG, ELLEN**
STREET ADDRESS **4801 SW 195 TERRACE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33322**

TITLE **D** ☒ Delete
NAME **GORDON, KERRI**
STREET ADDRESS **9511 S. VERMOSA LANE**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **D** ☒ Delete
NAME **BRIGNOLA, PAT**
STREET ADDRESS **510 WOODGATE CR**
CITY-ST-ZIP **SUNRISE FL 3326**

TITLE **CD** ☐ Delete
NAME **RIBAS, ELAINE**
STREET ADDRESS **1978 NORTHWEST 130TH AVENUE**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Cassandra Super**
STREET ADDRESS **18141 NW 18 Street**
CITY-ST-ZIP **Pembroke Pines FL 33029**

TITLE **D** ☐ Change ☒ Addition
NAME **Cari Alfonso**
STREET ADDRESS **19008 NW 23 Street**
CITY-ST-ZIP **Pembroke Pines FL 33029**

TITLE **Pam Arrieta** ☐ Change ☒ Addition
NAME **12811 SW 28 Ct.**
STREET ADDRESS **Miramar FL 33027**
CITY-ST-ZIP

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

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

TITLE ☐ 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: *Elaine M Ribas* **REQUIRE ELAINE RIBAS** *1/8/03* **433-7657**

CR2E037 (10/02)