

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

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90065 034 ****61.25

0006176

DOCUMENT # 771063

1. Entity Name

CHILD WELFARE #195, INC.



Principal Place of Business

**C/O IRWIN WEINBERG
4001 HILLCREST DR #210
HOLLYWOOD FL 33021
US**

Mailing Address

**4001 HILLCREST DR 1210
HOLLYWOOD FL 33021
US**

2. Principal Place of Business

ALL OVER

3. Mailing Address

4001 Hillcrest Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood FLA

City & State

4001 Hillcrest Dr

Zip Country

33021 D-Roland

Zip Country

33021 D-Roland

4. FEI Number **59-2603020**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WEINBERG, IRWIN
4001 HILLCREST DR
#1210
HOLLYWOOD FL 33024**

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

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
After September 10, 2003, min will be \$236.25**

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	<input checked="" type="checkbox"/> Delete
NAME	KATZMAN, JACK	
STREET ADDRESS	418 MARINE DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MILLER, LEWIS	
STREET ADDRESS	1400 SW 124TH TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WEINBERG, IRWIN	
STREET ADDRESS	4001 HILLCREST DR 1210	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	DERINGER, MARTIN	
STREET ADDRESS	12850 SW 6 ST #101	
CITY-ST-ZIP	HOLLYWOOD FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

7/30/03

CR2E037 (4/03)