

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001147**

1. Entity Name
FAMILY AND CHILD SOLUTIONS, LTD.

FILED

00 APR 20 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
351 NORTH STATE ROAD 7, SUITE 300
PLANTATION FL 33317

Mailing Address
351 NORTH STATE ROAD 7, SUITE 300
PLANTATION FL 33317-2859



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0830451		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent

PROCACCI, PHILIP J
5082 COCONUT CREEK PARKWAY
MARGATE FL 33063

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$98,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **76,000**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P98000031499 PROCACCI SOLUTIONS, INC. 5082 COCONUT CREEK PARKWAY MARGATE FL 33063	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P98000031528 FCS-PERLIN, INC. 7796 MANDARIN DRIVE BOCA RATON FL 33433	STREET ADDRESS CITY - ST - ZIP	400003200494--3 -04/07/00--01093--004- ****693.75 ****535.00
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Judy Perlin* **JUDY PERLIN** **1/0/00** **914 792-2000 ext 221**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)