

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001147

1. Entity Name

FAMILY AND CHILD SOLUTIONS, LTD.

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

2. Principal Place of Business

3. Mailing Address

P.O. Box 590682

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tamarac, Florida

Zip

Country

Zip
33359-9998

Country

U.S.A.

4. FEI Number

65-0830451

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

PROCACCI, PHILIP J
5082 COCONUT CREEK PARKWAY
MARGATE FL 33063

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

Signature, typed or printed name of registered agent and title if applicable.

(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.

\$52,000.00

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 # P98000031499
NAME PROCACCI SOLUTIONS, INC.
STREET ADDRESS 5082 COCONUT CREEK PARKWAY
CITY-ST-ZIP MARGATE FL 33063

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P98000031528
NAME FCS-PERLIN, INC.
STREET ADDRESS 7796 MANDARIN DRIVE
CITY-ST-ZIP BOCA RATON FL 33433

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

Philip J. Proccaci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/15/01

Date

Daytime Phone #

FILED

01 MAR 19 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E003 (11/00)