

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92210 021 ***158.75

0663165 AB

DOCUMENT # F01000006058

1. Entity Name
UNITED ADVOCATES FOR FAMILIES, INC.



Principal Place of Business
**7301 HANOVER GREEN DRIVE, SUITE 202
MECHANICSVILLE VA 23111**

Mailing Address
**7301 HANOVER GREEN DRIVE, SUITE 202
MECHANICSVILLE VA 23111**



2. Principal Place of Business

3. Mailing Address

23123 State Rd 7

23123 State Rd 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200-B

Suite 200-B

City & State

City & State

Boca Raton

Boca Raton

Zip

Country **Palm**

Zip

Country **Palm**

33428

Beach

33428

Beach

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **54-1706858**

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD PLUSHKO, VALENTIN 7301 HANOVER GREEN DRIVE, SUITE 202 MECHANICSVILLE VA 23111 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST PLUSHKO, VALENTIN 7301 HANOVER GREEN DRIVE, SUITE 202 MECHANICSVILLE VA 23111 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GREEN, ROBIN 7301 HANOVER GREEN DRIVE, SUITE 202 MECHANICSVILLE VA 23111 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PLUSHKO, NADIA 7301 HANOVER GREEN DRIVE, SUITE 202 MECHANICSVILLE VA 23111 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HUBER, JOHN 7301 HANOVER GREEN DRIVE, SUITE 202 MECHANICSVILLE VA 23111 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD Plushko, Valentin 12761 NW 75th Street Parkland FL, 33076 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST Plushko, Valentin 12761 NW 75th Street Parkland, FL 33076 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Breen, Robin 650 Old Bass River Rd Dennis, MA 02638 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Plushko Nadia 12761 NW 75th Street Parkland FL 33076 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Huber John 7383 Lee Davis Rd Mechanicville VA 23111 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: Nadia Plushko Director 4.30.03 561.457.866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)