

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003677

1. Entity Name

CHILDREN-SURGICAL AID INTERNATIONAL, INC.

Principal Place of Business

37 ST. PAUL'S PLACE  
HEMPSTEAD NY 11550  
US

Mailing Address

37 ST. PAUL'S PLACE  
HEMPSTEAD NY 11550  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SEID, GERALDINE  
6467 EASTPOINTE PINES ST  
PALM BEACH GARDENS FL 33418

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T  
NAME SEID, ANDREW  
STREET ADDRESS 360 WEST 55TH ST  
CITY-ST-ZIP NEW YORK NY 10019 ☐ Delete

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

VCD  
NAME SHROCK, PETER MD  
STREET ADDRESS 65 SPRUCE STREET  
CITY-ST-ZIP ROSLYN NY 11576 ☐ Delete

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

SD  
NAME BRONSTHER, JUDITH  
STREET ADDRESS 30 3 9TH ST  
CITY-ST-ZIP NEW YORK NY 10003 ☐ Delete

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

PD  
NAME BIENER, CARL  
STREET ADDRESS 4970 W. RIVER DR.  
CITY-ST-ZIP COMSTOCK PARK MI 49321 ☐ Delete

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

VD  
NAME BRONSTHER, ELLYN  
STREET ADDRESS 114 CEDAR AVE  
CITY-ST-ZIP HEWLETT BAY PARK NY 11557 ☐ Delete

☒ Change ☐ Addition  
TITLE  
NAME ELLYN BRONSTHER  
STREET ADDRESS 37 ST. PAUL'S PLACE  
CITY-ST-ZIP HEMPSTEAD, NY 11550

C  
NAME BRONSTHER, BURTON M.D.  
STREET ADDRESS 114 CEDAR AVE.  
CITY-ST-ZIP HEWLETT BAY PARK NY 11557 ☐ Delete

☒ Change ☐ Addition  
TITLE  
NAME BRONSTHER, BURTON, M.D.  
STREET ADDRESS 37 ST. PAUL'S PLACE  
CITY-ST-ZIP HEMPSTEAD, NY 11550

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:

Ellen Bronsther

FILED  
Jun 14, 2001 8:00 am  
Secretary of State

06-14-2001 90006 034 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE