

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000004578**

1. Entity Name

THE UNICORN CHILDREN'S FOUNDATION INC.**FILED****Jan 16, 2002 8:00 am
Secretary of State**

01-16-2002 90005 048 ****61.25

Principal Place of Business

Mailing Address

3350 NW BOCA RATON BLVD. #A-28
BOCA RATON FL 334313350 NW BOCA RATON BLVD. #A-28
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3996036

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROSENBLOOM, HELENE
100 SE 5TH AVE
#504
BOCA RATON FL 33432

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

FILE NOW: FEE IS \$61.259. 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

TITLE ☐ Delete
NAME PC
STREET ADDRESS ROSENBLOOM, MARK DR.
CITY-ST-ZIP 100 GREENWOOD AVE.
EVANSTON IL 60201TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME S
STREET ADDRESS MATWICZYK, PETER
CITY-ST-ZIP 1215 N LAKE WAY
PALM BEACH FL 33480TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME D
STREET ADDRESS ROSENBLOOM, VALERIE
CITY-ST-ZIP 14 SUNNYSIDE STREET
WESTMOUNT QC H34 1C1TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME V
STREET ADDRESS SRESANG, CRAIG
CITY-ST-ZIP 1005 S HARLEM
FOREST PARK IL 60130TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME V
STREET ADDRESS TOLAN, ANNA
CITY-ST-ZIP 1400 SE 7TH AVENUE, #4
POMPANO BEACH FL 33060TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME T
STREET ADDRESS MATWICZYK, PETER
CITY-ST-ZIP 1215 N LAKE WAY
PALM BEACH FL 33480TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 561-620-9377
Date Daytime Phone #

CR2E037 (9/01)