

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000738

1. Entity Name

BREASTFEEDING ADVOCACY NETWORK OF BROWARD COUNTY

Principal Place of Business

2049 N.W. 126TH AVENUE
PEMBROKE PINES FL 33028

Mailing Address

2049 N.W. 126TH AVENUE
PEMBROKE PINES FL 33028

2. Principal Place of Business

3. Mailing Address

P.O. BOX 120461

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT Lauderdale FL

Zip

Country

Zip

33312

Country

US

4. FEI Number

65 0985096

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

LOFFREDO, STEPHEN K
9999 N.E. 2ND AVENUE
SUITE 216
MIAMI SHORES FL 33138

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 \$61.25

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

TITLE D ☒ Delete
NAME BECK, NADA
STREET ADDRESS 1591 N W 98TH WAY
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE Director ☒ Change ☐ Addition
NAME Pam Hendrix
STREET ADDRESS 6011 Lombard Ct
CITY-ST-ZIP Tamarac, FL 33321

TITLE D ☐ Delete
NAME KING, SUSAN
STREET ADDRESS 1600 S. ANDREWS AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL 33316

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

TITLE D ☒ Delete
NAME WISNIEWSKI, LINDA
STREET ADDRESS 10821 N.W. 7TH COURT
CITY-ST-ZIP PLANTATION FL 33324

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

TITLE D ☐ Delete
NAME CESAROTTI, MARIANNE
STREET ADDRESS 2049 N.W. 126TH AVENUE
CITY-ST-ZIP PEMBROKE PINES FL 33028

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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

Date

Daytime Phone #

4/7/01 954 456 8500

0033947

CR2E037 (10/00)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90187 003 ****61.25



DO NOT WRITE IN THIS SPACE