2001	UNIFORM	BUSINESS	REPORT	(UBR)
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SIGNATURE:

Sep 13, 2001 8:00 am Secretary of State DOCUMENT # N0000001437 1. Entity Name 09-13-2001 90010 015 ****61.25 INTERNATIONAL CHILDREN'S AID INCORPORATED Principal Place of Business Mailing Address 17522 NORTHWEST 7TH COURT 17522 NORTHWEST 7TH COURT 00076686 PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029 2. Principal Place of Business Mailing Address 30X Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State With Florida FL Country USA 4. FE! Number 65-0963/24 City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Age 7. Name and Address of New Registered Agent Crowley Street Address (P.O. Box Number is Not Acceptable) CROWLEY, KATHLEEN M 17522 NORTHWEST 7TH COURT PEMBROKE PINES FL 33029 City Pembroke 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. VICE-Chairmon SIGNATURE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE ☐ Change ☐ Addition CROWLEY, KATHLEEN M NAME NAME STREET ADDRESS 17522 NORTHWEST 7TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33029 VCD/TD Crowley, Robert E, 17522 Now The Court VCD **M** Change TITLE ☐ Delete TITLE ☐ Addition CROWLEY, ROBERT E NAME STREET ADDRESS STREET ADDRESS 17522 NORTHWEST 7TH COURT CITY-ST-ZIP PEMBROKE PINES FL 33029 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition CROWLEY, MARY C NAME NAME STREET ADDRESS 358 14TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKLYN NY 11215** TITLE TITLE Delete Change Addition DEL VECCHIO, JULIE NAME NAME STREET ADDRESS 18161 N.W. 16TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PEMBROKE PINES FL 33029 TITLE Delete TITLE Change ☐ Addition CROWLEY, JAMES J NAME NAME 12 NEWTON STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAMBRIDGE MA 02138 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition CROWLEY, JOHN D NAME NAME 26 CHILTON STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAMBRIDGE MA 02138 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.

FILED

E. Crowley 9/9/01 (954)442-222