

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90010 015 ****61.25

DOCUMENT # N00000001437

1. Entity Name
INTERNATIONAL CHILDREN'S AID INCORPORATED

Principal Place of Business: **17522 NORTHWEST 7TH COURT, PEMBROKE PINES FL 33029**

Mailing Address: **17522 NORTHWEST 7TH COURT, PEMBROKE PINES FL 33029**

2. Principal Place of Business: **17522 NORTHWEST 7TH COURT, PEMBROKE PINES FL 33029**

3. Mailing Address: **P.O. Box 823005**

Suite, Apt. #, etc.: **South Florida, FL**

City & State: **South Florida, FL**

Zip: **33082** Country: **USA**

4. FEI Number: **65-0963124**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CROWLEY, KATHLEEN M
17522 NORTHWEST 7TH COURT
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent
 Name: **Robert E. Crowley**
 Street Address (P.O. Box Number is Not Acceptable): **17522 NW 7th Court**
 City: **Pembroke Pines** FL Zip Code: **33029**



DO NOT WRITE IN THIS SPACE

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: **Robert E. Crowley** *Robert E. Crowley* **Robert E. Crowley** *Vice-Chairman* **Sep 9, 2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	CD CROWLEY, KATHLEEN M 17522 NORTHWEST 7TH COURT PEMBROKE PINES FL 33029	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD CROWLEY, ROBERT E 17522 NORTHWEST 7TH COURT PEMBROKE PINES FL 33029	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CROWLEY, MARY C 358 14TH STREET BROOKLYN NY 11215	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEL VECCHIO, JULIE 18161 N.W. 16TH STREET PEMBROKE PINES FL 33029	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROWLEY, JAMES J 12 NEWTON STREET CAMBRIDGE MA 02138	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROWLEY, JOHN D 28 CHILTON STREET CAMBRIDGE MA 02138	<input type="checkbox"/> Delete	<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 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: **Robert E. Crowley** *Robert E. Crowley* **Robert E. Crowley** *9/9/01* **9/9/01** **(954) 440-2220**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR DATE PHONE NUMBER

CR2E037 (5/01)