

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90009 023 ****61.25

DOCUMENT # N00000005587

1. Entity Name

THE CENTRE FOR CONNECTION, INC.

Principal Place of Business

**3111 STIRLING RD. STE C-308
 FT LAUDERDALE FL 33312**

Mailing Address

**3111 STIRLING RD. STE C-308
 FT LAUDERDALE FL 33312**

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

65-1035214

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SANDBERG, NEAL L ESQ
 SIMON, SCHINDLER, & SANBERG, P.A.
 2650 BISCAYNE BLVD
 MIAMI FL 33137**

7. Name and Address of New Registered Agent

Name **Karen S. Rubinstein**

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

**3111 Stirling Road
 C-308**

City **Ft. Lauderdale**

FL

Zip Code **33312**

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

Karen S. Rubinstein

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

Karen S. Rubinstein, Registered Agent

3/11/01

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 **RUBINSTEIN, JEFFREY D**
 STREET ADDRESS **2025 BRICKELL AVE, #601**
 CITY-ST-ZIP **MIAMI FL 33129**

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

TITLE **D** ☐ Delete
 NAME **RUBINSTEIN, KAREN**
 STREET ADDRESS **2025 BRICKELL AVE, #601**
 CITY-ST-ZIP **MIAMI FL 33129**

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

TITLE **D** ☐ Delete
 NAME **DEUTSCHER, HELENNE**
 STREET ADDRESS **2855 LEONARD DR, BLDG H-406**
 CITY-ST-ZIP **AVENTURA FL 33160**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 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:

Karen S. Rubinstein, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/01

Date

954 962 9377

Daytime Phone #

CR2E037 (10/00)