

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90027 003 \*\*\*\*\*61.25

**DOCUMENT # NO1000001788**

1. Entity Name

**CHILDREN'S CANCER SOCIETY, INC.**

Principal Place of Business

Mailing Address

**2600 N.E. 14TH STREET CAUSEWAY  
 POMPANO BEACH FL 33062**

**2600 N.E. 14TH STREET CAUSEWAY  
 POMPANO BEACH FL 33062**

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

**31-1772944**

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

**W. THORNTON SCOTT, ESQUIRE  
 2600 N.E. 14TH STREET CAUSEWAY  
 POMPANO BEACH FL 33062**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PISCIOTTA, JEANINE</b>	
STREET ADDRESS	<b>2071 N.E. 27TH STREET</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL 33064</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>POMALES, JENNIFER</b>	
STREET ADDRESS	<b>2340 N.E. 12TH AVENUE</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HEINRICH, PATRICIA</b>	
STREET ADDRESS	<b>2731 N.E. 52ND COURT</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL 33064</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINEZ, TRACY</b>	
STREET ADDRESS	<b>4320 N.E. 18TH AVENUE</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P.D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PISCIOTTA, JEANNE</b>	
STREET ADDRESS	<b>2071 N. E. 27th STREET</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE POINT, FL 33064</b>	
TITLE	<b>V D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>POMALES, JENNIFER</b>	
STREET ADDRESS	<b>2340 N. E. 12th AVENUE</b>	
CITY-ST-ZIP	<b>POMPANO BEACH, FL 33064</b>	
TITLE	<b>S D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HEINRICH, PATRICIA</b>	
STREET ADDRESS	<b>2731 N. E. 52nd COURT</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE POINT, FL 33064</b>	
TITLE	<b>T.D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARTINEZ, TRACY</b>	
STREET ADDRESS	<b>4320 N. E. 18th AVENUE</b>	
CITY-ST-ZIP	<b>POMPANO BEACH, FL 33064</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Jeanine Pisciotta*

Jeanine Pisciotta

1/30/02 954/942-6382

CR2E037 (9/01)