

2002 UNIFORM BUSINESS REPORT-(UBR)

2/1

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-11-2002 90061 015 ****61.25

DOCUMENT # N01000004355

1. Entity Name

CHILDREN WITH GENETIC DEFECTS, INC.

Principal Place of Business

8013 SW 30 STREET
 DAVIE FL 33328

Mailing Address

8013 SW 30 STREET
 DAVIE FL 33328

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

USA

4. FEI Number

65-115423

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

8. Name and Address of Current Registered Agent

LEVIN, ALAN R
8013 SW 30 STREET
DAVIE FL 33328

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
 NAME **LEVIN, ALAN R**
 STREET ADDRESS **8013 SW 30 STREET**
 CITY-ST-ZIP **DAVIE FL 33328**

TITLE **VD** ☐ Delete
 NAME **LEVIN, ARTHUR J**
 STREET ADDRESS **9401 NW 23 STREET**
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **D** ☐ Delete
 NAME **HIMMEL, ALAN**
 STREET ADDRESS **818 HAWTHORN TERR**
 CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
 NAME **JOHN R. Burkley**
 STREET ADDRESS **2708 NE 10 STREET**
 CITY-ST-ZIP **Pompano Beach FL**

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

TITLE ☐ Change ☐ Addition
 NAME
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 NAME
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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:

Signature of Alan R. Levin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-2002 954-475 8835

CR2E037 (9/01)