## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N01000006049

City-St-Zip:

Entity Name: KIDS CAN SAVE FOUNDATION, INC.

FILED Mar 20, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3506 MAIN LODGE DRIVE COCONUT GROVE, FL 33133 FORT LAUDERDALE, FL 33303 US **Current Mailing Address: New Mailing Address:** 3506 MAIN LODGE DRIVE PO BOX 2399 COCONUT GROVE, FL 33133 FORT LAUDERDALE, FL 33303 US FEI Number: 65-1131694 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLUM, SAMUEL S 2666 TIGERTAIL AVENUE SUITE 106 COCONUT GROVE, FL 33133 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete ( ) Change (X) Addition PEREZ, ANTHONY C MR Name: Name: Address: Address: PO BOX 2399 City-St-Zip: City-St-Zip: FORT LAUDERDALE, FL 33303 US Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: HOPES, JAMES R MR Address: Address: 509 POINCIANA DRIVE City-St-Zip: City-St-Zip: FORT LAUDERDALE, FL 33301 US Title: () Delete Title: V/D ( ) Change (X) Addition HOPES, DEBORAH L MS Name: Name: 30 CARRIAGE LANE Address: Address: City-St-Zip: City-St-Zip: RIDGEWOOD, NJ 07450 US Title: () Delete Title: S/D ( ) Change (X) Addition Name: Name: BLOSS, FLORIANA M MS 3002 RUNNYMEDE DRIVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

PLYMOUTH MEETING, PA 19462 US

SIGNATURE: ANTHONY C. PEREZ D/D 03/20/2002