

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007073

1. Entity Name

CHILDREN'S BRAIN TRUST, INC.

Principal Place of Business

6121 N.W. 56TH COURT  
CORAL SPRINGS FL 33067

Mailing Address

6121 N.W. 56TH COURT  
CORAL SPRINGS FL 33067

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

04-3637798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOOK, RONALD L  
2999 N.E. 19TH STREET, PH6  
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

Paul G. Hale

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

6121 N.W. 56 CT

City

Coral Springs

FL

Zip Code

33067

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

*Paul G. Hale*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/10/02

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 ☐ Delete  
NAME President  
STREET ADDRESS Paul G. Hale  
CITY-ST-ZIP 6121 NW 56 CT  
Coral Springs, FL 33067

TITLE ☐ Delete  
NAME First Vice President  
STREET ADDRESS Carrie L. Hale  
CITY-ST-ZIP 6121 NW 56 CT  
Coral Springs, FL 33067

TITLE ☐ Delete  
NAME Secretary  
STREET ADDRESS Aisha L. Hale  
CITY-ST-ZIP 6755 S.W. 29 Street  
Miami, FL 33155

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

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

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

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

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

TITLE ☐ Change ☐ 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: *Paul G. Hale*

04/08/02

934-345-3023

CR2E037 (9/01)