

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90003 001 \*\*\*\*61.25

**DOCUMENT # N01000007332**

1. Entity Name

**HEAR THE CHILDREN, INC.**

Principal Place of Business

ONE OAKWOOD BLVD., SUITE 200  
HOLLYWOOD FL 33020

Mailing Address

ONE OAKWOOD BLVD., SUITE 200  
HOLLYWOOD FL 33020

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

**01-0597409**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARDER, MARK A**  
**9400 SOUTH DADELAND BLVD.**  
**PENTHOUSE FIVE**  
**MIAMI FL 33156**

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 **D** ☐ Delete  
NAME **HABECKER, TRACY**  
STREET ADDRESS **3321 NE 18 STREET**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33305**

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

TITLE **D** ☐ Delete  
NAME **KAMRAT, NOAH**  
STREET ADDRESS **3321 NE 18 STREET**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33305**

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

TITLE **D** ☐ Delete  
NAME **BAILEY, LEN**  
STREET ADDRESS **3801 SOUTH OCEAN DRIVE, APT. 6H**  
CITY-ST-ZIP **HOLLYWOOD FL 33019**

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

TITLE **D** ☐ Delete  
NAME **KAMRAT, DAVID**  
STREET ADDRESS **1800 NE 114 STREET, APT. 905**  
CITY-ST-ZIP **MIAMI FL 33138**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

*Tracy M Habecker* **TRACY M HABECKER** 1/11/2002 954-924-9997

CR2E037 (9/01)