

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

N06588

1. Entity Name

4 CHILDREN'S S.A.K.E., INC.

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90012 008 ****61.25

Principal Place of Business

Mailing Address

621 SOUTH FEDERAL HWY SUITE 46
FT. LAUDERDALE, FL 33301

6250 N. ANDREWS AVE.
SUITE 304 104
FORT LAUDERDALE, FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0016252

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROSSELL, CATHERINE

621 SOUTH FEDERAL HWY, SUITE 6
FT. LAUDERDALE, FL 33301

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

William E. Shoemaker N/A

5-18-00 N/A

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PD
NAME WILLIAM SHOEMAKER
STREET ADDRESS 2301 SOLAR PLAZA DR.
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE VPD
NAME JANET RINE
STREET ADDRESS 3389 COCONUT CIRCLE
CITY-ST-ZIP COCONUT CREEK, FL 33063

TITLE SD
NAME BARBARA WELLS
STREET ADDRESS 2410 NW 2ND AVE
CITY-ST-ZIP POMERANO BEACH, FL 33064

TITLE D
NAME BOB SAMSON
STREET ADDRESS 1601 NW 6TH AVE
CITY-ST-ZIP FT. LAUDERDALE, FL 33311

TITLE D
NAME ANDREA YOUNG
STREET ADDRESS 181 NW 75TH WAY
CITY-ST-ZIP PLANTATION, FL 33317

TITLE D
NAME ROBERT ADLER
STREET ADDRESS 3481 S. COCONUT CIRCLE
CITY-ST-ZIP COCONUT CREEK, FL 33065

TITLE
NAME
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CITY-ST-ZIP

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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:

William E. Shoemaker WILLIAM E. SHOEMAKER

6/1/00

954 761-9111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)