

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90119 019 \*\*\*\*61.25

**DOCUMENT # N06588**

1. Entity Name

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

Principal Place of Business

Mailing Address

**621 SOUTH FEDERAL HIGHWAY  
 SUITE #8  
 FT. LAUDERDALE FL 33301**

**6250 N. ANDREWS AVE  
 STE 104  
 FT. LAUDERDALE FL 33309  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**STE 104**

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 8  
 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

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 **PD** ☐ Delete  
 NAME **YOUNG, ANDREA**  
 STREET ADDRESS **181 NW 75TH WAY**  
 CITY-ST-ZIP **PLANTATION FL 33317**

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

TITLE **VPD** ☐ Delete  
 NAME **JANET RIHL**  
 STREET ADDRESS **3389 COLOPLUM CIR**  
 CITY-ST-ZIP **COCONUT CREEK FL 33083**

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

TITLE **TD** ☐ Delete  
 NAME **WILLIAM E. SHOEMAKER**  
 STREET ADDRESS **2301 SOLAR PLZ DR**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33301**

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

TITLE **SD** ☐ Delete  
 NAME **BARBARA L WEISS**  
 STREET ADDRESS **2410 NE 2ND AVE**  
 CITY-ST-ZIP **POMPANO BCH FL 33084**

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

TITLE **D** ☐ Delete  
 NAME **ROBERT ADLER**  
 STREET ADDRESS **3481 S CORAMBOLA CIR**  
 CITY-ST-ZIP **COCONUT CREEK FL 33066**

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

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

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: **WILLIAM E. SHOEMAKER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/8/01**

Date

**954 761-9111**

Daytime Phone #

CR2037 (10/00)