

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06588

1. Entity Name

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

Principal Place of Business

621 SOUTH FEDERAL HIGHWAY  
SUITE #6  
FT. LAUDERDALE FL 33301

Mailing Address

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

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

65-0016252

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
min. will be \$236.25.

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 D ☐ Change ☒ Addition  
NAME JOAN GARRETT  
STREET ADDRESS 4629 POINCIANA STREET, #302  
CITY-ST-ZIP LOTS, FL 33308

TITLE VPD ☐ Delete  
NAME JANET RIHL  
STREET ADDRESS 3389 COLOPLUM CIR  
CITY-ST-ZIP COCONUT CREEK FL 33063

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 33064

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 PD ☒ 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: JOAN GARRETT JOAN GARRETT N. RIHL 7/30/02 954-584-8994

CR2E037 (4/02)