FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 15, 2002 8:00 am Secretary of State **DOCUMENT # N34043** 1. Entity Name CRIPPLED CHILDREN'S GUILD OF BROWARD COUNTY, INC 04-15-2002 90059 020 \*\*\*\*61.25 Principal Place of Business Mailing Address 4704: NE 23RD AVE 4704 NE 23RD AVE FT: LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 65-0143752 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MUNHOLTZ EDITH K PRES 470 NE 23RD AVE PTIAUDERDALE FL 33308 City 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 9. Election Campaign Financing **Make Check Payable to \$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE ☐ Change ☐ Addition MENGES, ANN NAME 630 S.W 6TH ST SGV70 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33060 CITY-ST-ZIP Delete ☐ Change ☐ Addition WENK, ANNA NAME NAME STREET ADDRESS 1942 NE 6TH CT E 202 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP TITLE TITLE - Change MEINHOLTZ, EDITH NAME NAME 4704 NE 23RD AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP TITLE Delete TITLE Addition XUHL, VIRGINIA BROWER, FLORI NAME NAME STREET ADDRESS 1942 N.E 6TH CT BLDG 1 APT 101 STREET ADDRESS CITY-ST-ZIE FORT LAUDERDALE FL 33304 CITY-ST-ZIP TITLE ☐ Delete TITLE 4.1 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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:

DIM STORESTORED EDITH K. MEINHOLTZ 4-1-06