2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State DOCUMENT # N42193 1. Entity Name 05-15-2001 90106 017 ****61.25 POST POLIO SYNDROME SUPPORT GROUP OF GREATER FOR T LAUDERDAIC Mailing Address Principal Place of Business 10310 E CLAIRMONT CIR 10310 E CLAIRMONT CIR 764984 TAMARAC FL 33321 TAMARAC FL 33321 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0254465 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GOLDBERG, JULIUS 10310 E CLAIRMONT CIR TAMARAC FL 33321 Zip Code City 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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Change PD TITLE TITLE 🔀 Delete BRUDO EMANUEL 10368 NW 24Th PL NAME BIHLER, EUNICE NAME STREET ADDRESS STREET ADDRESS 9580 WELDON CIR FT LAUDERDALE FL 333VI CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 ☐ Change ☐ Addition TITLE ☐ Delete NAME FORD, PAT STREET ADDRESS STREET ADDRESS P O BOX 15824 CITY-ST-ZIP CITY-ST-ZIP **PLANTATION FL 33318** Change ☐ Addition 🕊 Delete TITLE TITLE BILLES EUNICE NAME BRUDO, EMANUEL NAME STREET ADDRESS STREET ADDRESS 10368 NW 24TH PL MAMARAC FL 33311 CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL 33321 🔀 Delete TITLE QQ TITLE SD HAY DEN, JOSEPHINE LIEB. RUTH NAME NAMÉ Holmbere RD #3vib STREET ADDRESS STREET ADDRESS 900 NE 18TH AVE 708 PARKLAMO PL 33067 City-St-7IP CITY-ST-ZIP FT LAUDERDALE FL 33304 Addition ☐ Change ☐ Delete TITLE **GOLDBERG, JULIUS** NAME STREET ADDRESS STREET ADDRESS 10310 E CLAIRMONT CIR CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 TITLE ☐ Delete TITLE Change ☐ Addition מ NAME FREIVOGEL, PAULA NAME STREET ADDRESS STREET ADDRESS 11216 SPRING CIR AVE CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33071**

FILED

12. I hereby certify that the information supplied with this filling 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: