

2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED

090700

DOCUMENT # *N49229*

1. Entity Name

Adoption Placement, Inc.

FILED

00 SEP -8 AM 11: 05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

Adoption Placement, Inc. same
1840 North Pine Island Road
Plantation, FL 33322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0326941

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

Mary Ann Scherer
2734 E. Oakland Park Blvd.
Suite 200
Fort Lauderdale, FL 33306

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so: ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/Director	<input type="checkbox"/> Delete
NAME	Roberta Cestarcic	
STREET ADDRESS	21578 Altamira Avenue	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	Director/Treasurer	<input type="checkbox"/> Delete
NAME	Alan Fishman	
STREET ADDRESS	2301 West Sample Road Bldg. 4	
CITY-ST-ZIP	#1a, Pompano Beach, FL 33073	
TITLE	Vice President/Director	<input type="checkbox"/> Delete
NAME	Kathy Finkelstein	
STREET ADDRESS	11132 Boston Drive	
CITY-ST-ZIP	Cooper City, FL 33026	
TITLE	Secretary/Director	<input type="checkbox"/> Delete
NAME	Karen Zann	
STREET ADDRESS	1323 S. E. 3rd Avenue	
CITY-ST-ZIP	Fort Lauderdale, FL 33316	
TITLE	Director	<input checked="" type="checkbox"/> Delete
NAME	Susan Lopez	
STREET ADDRESS	5136 S. W. 90th Avenue	
CITY-ST-ZIP	Cooper City, FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director/Dave	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis Stieve	
STREET ADDRESS	13411 S. W. 16th Court	
CITY-ST-ZIP	Davie, FL 33325	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Roberta D. Cestarcic
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25-00

Date

Daytime Phone #

CR2E034 (9/99)

KE