2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 14, 2002 8:00 am Secretary of State **DOCUMENT # N49229** 1. Entity Name ADOPTION PLACEMENT, INC. 02-14-2002 90079 021 ****61.25 Principal Place of Business Mailing Address 1840 NORTH PINE ISLAND ROAD 1840 NORTH PINE ISLAND ROAD PLANTATION FL 33322 PLANTATION FL 33322 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. FEI Number Applied For 65-0326941 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SCHERER, MARY ANN 2734 E. OAKLAND PARK BLVD. **SUITE 200** Zip Code FT. LAUDERDALE FL 33306 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) 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to 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. (9/01) TITLE Delete TITLE ☐ Change ☐ Addition CESTARIC, ROBERTA NAME STREET ADDRESS 21578 ALTAMIRA AVENUE STREET ADDRESS CITY-ST-ZIF **BOCA RATON FL 33433** CITY-ST-7IP TITLE D/T ☐ Delete TITLE Change Addition FISHMAN, ALAN NAME NAME STREET ADDRESS 2301 WEST SAMPLE ROAD BLDG. 4 #1A STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP <u>POMPANO BEACH FL 33073</u> ער/ט' ☐ Delete TITLE Change Addition NAME FINKELSTEIN, KATHY NAME STREET ADDRESS 11132 BOSTON DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33026 ☐ Delete TITLE ☐ Change ☐ Addition ZANN. KAREN NAME STREET ADDRESS **1323 S.E. 3RD AVENUE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Delete TITLE TITLE ☐ Addition ☐ Change NAME STIEVE, DENNIS NAME STREET ADDRESS STREET ADDRESS 13411 S.W. 16TH COURT CITY-ST-ZIP C!TY-\$T-ZIP DAVIE FL 33325 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 in changed, or on an attachment with an address, with all other like empowered.

22 President Roberta B. Cestaric