

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90126 049 \*\*\*\*61.25

**DOCUMENT # N49229**

1. Entity Name

**ADOPTION PLACEMENT, INC.**



Principal Place of Business

**1840 NORTH PINE ISLAND ROAD  
PLANTATION FL 33322  
US**

Mailing Address

**1840 NORTH PINE ISLAND ROAD  
PLANTATION FL 33322  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0326941**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75-Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHERER, MARY ANN  
2734 E. OAKLAND PARK BLVD.  
SUITE 200  
FT. LAUDERDALE FL 33306**

**1840 N Pine Island Road  
Plantation, FL  
33322**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P/D		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	CESTARIC, ROBERTA	21578 ALTAMIRA AVENUE	BOCA RATON FL 33433				
	D/T		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	FISHMAN, ALAN	2301 WEST SAMPLE ROAD BLDG. 4 #1A	POMPANO BEACH FL 33073				
	VP/D		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	FINKELSTEIN, KATHY	11132 BOSTON DRIVE	COOPER CITY FL 33026				
	S/D		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	ZANN, KAREN	1323 S.E. 3RD AVENUE	FORT LAUDERDALE FL 33316				
	<del>D/Steve</del> correct		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	STIEVE, DENNIS	13411 S.W. 16TH COURT	DAVIE FL 33325				
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Roberta B. Cestarc* [Roberta B. Cestarc] 12/26/03, 1/954-474-8494

CR2E037 (10/02)