

2000 UNIFORM BUSINESS REPORT (UBR)

8.

FILED
Sep 06, 2000 8:00 am
Secretary of State

08-23-2000 90031 010 ****62.50

DOCUMENT # N50473

1. Entity Name

ASSOCIATION OF BROWARD COUNTY MEDIATORS, INC.

Principal Place of Business

Mailing Address

116 SE 6TH CT
 FT. LAUDERDALE FL 33301

116 SE 6TH CT
 FT. LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0355827

Applied For

Not Applicable

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

FISCHLER, MICHAEL A.
 116 SOUTHEAST 6TH CT
 FT. LAUDERDALE FL 33301

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

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	BASS, IRIS M	
STREET ADDRESS	6800 W COMMERCIAL BLVD, STE 5	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BASS, DANIEL B	
STREET ADDRESS	2523 N E 33RD STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAPPAL	
STREET ADDRESS	ONE FINANCIAL PLAZA 1610	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	POTASH, VELLA ROSENTHA	
STREET ADDRESS	2900 N PALM AIRE DRIVE #301	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TELL, MEAH ROTHMAN	
STREET ADDRESS	11081 N W 12TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAXMAN, GERALDINE L	
STREET ADDRESS	4950 N PINE ISLAND RD	
CITY-ST-ZIP	LAUDERHILL FL	

TITLE	Vice President - D	<input checked="" 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	President - D	<input checked="" 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		

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/2000

Date

Daytime Phone #

CR2E037 (5/00)