

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 17, 2001 8:00 am**  
**Secretary of State**

01-17-2001 90091 023 \*\*\*\*61.25

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**DOCUMENT # N50473**

1. Entity Name

**ASSOCIATION OF BROWARD COUNTY MEDIATORS, INC.**

Principal Place of Business

116 SE 6TH CT  
 FT. LAUDERDALE FL 33301

Mailing Address

116 SE 6TH CT  
 FT. LAUDERDALE FL 33301

AU000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0355827

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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:**  
**FEF IS \$61.25**

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

TITLE: VPD  
 NAME: BASS, IRIS M  Delete  
 STREET ADDRESS: 6800 W COMMERCIAL BLVD, STE 5  
 CITY-ST-ZIP: LAUDERHILL FL 33319

TITLE: D  
 NAME: CAPP AL  Delete  
 STREET ADDRESS: ONE FINANCIAL PLAZA 1610  
 CITY-ST-ZIP: FT. LAUDERDALE FL

TITLE: PD  
 NAME: TELL, MEAH ROTHMAN  Delete  
 STREET ADDRESS: 11081 N W 12TH DRIVE  
 CITY-ST-ZIP: CORAL SPRINGS FL 33071

TITLE: D  
 NAME: WAXMAN, GERALDINE L  Delete  
 STREET ADDRESS: 4950 N PINE ISLAND RD  
 CITY-ST-ZIP: LAUDERHILL FL

TITLE:  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PRESIDENT-ELECT  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: Treasurer  Change  Addition  
 NAME: Linda Goldfarb  
 STREET ADDRESS: 3451 No. Hills Dr  
 CITY-ST-ZIP: Hollywood, FL 33021

TITLE:  Change  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 REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 9, 2001 (954) 763-5778

CR2E037 (10/00)