

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N50473**

1. Entity Name

ASSOCIATION OF BROWARD COUNTY MEDIATORS, INC.**FILED**
Jan 17, 2001 8:00 am
Secretary of State

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

0044961

Principal Place of Business

116 SE 6TH CT
FT. LAUDERDALE FL 33301

Mailing Address

116 SE 6TH CT
FT. LAUDERDALE FL 33301

A0000000



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

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 \$61.259. 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
NAME **VPD**
STREET ADDRESS **BASS, IRIS M**
CITY-ST-ZIP **6800 W COMMERCIAL BLVD, STE 5**
LAUDERHILL FL 33319 ☐ DeleteTITLE
NAME **PRESIDENT-ELECT** ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME **D**
STREET ADDRESS **CAPP AL**
CITY-ST-ZIP **ONE FINANCIAL PLAZA 1610**
FT. LAUDERDALE FL ☐ DeleteTITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIPTITLE
NAME **PD**
STREET ADDRESS **TELL, MEAH ROTHMAN**
CITY-ST-ZIP **11081 N W 12TH DRIVE**
CORAL SPRINGS FL 33071 ☐ DeleteTITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIPTITLE
NAME **D**
STREET ADDRESS **WAXMAN, GERALDINE L**
CITY-ST-ZIP **4950 N PINE ISLAND RD**
LAUDERHILL FL ☐ DeleteTITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS ☐ Delete
CITY-ST-ZIPTITLE
NAME **Treasurer**
STREET ADDRESS **Linda Goldfarb**
CITY-ST-ZIP **3451 No. Hills Dr**
Hollywood, FL 33021 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS ☐ Delete
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
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
IRIS M. BASS **Jan 9, 2001 (954) 763-5778**

Date

Daytime Phone #

CR2E037 (10/00)