


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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90551 048 ***61.25

DOCUMENT # N92000000623	
1. Entity Name FEDERATED CHARITIES, INC.	

Principal Place of Business 4816 TAFT ST HOLLYWOOD FL 33021	Mailing Address 4816 TAFT ST HOLLYWOOD FL 33021
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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 65-0379522		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
MALAVSKY, MORTON 4816 TAFT ST. HOLLYWOOD FL 33021		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALAVSKY, MORTON	NAME	
STREET ADDRESS	4816 TAFT ST.	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUMENTHAL, FRED	NAME	
STREET ADDRESS	4816 TAFT ST.	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENICK, SYLVIA	NAME	
STREET ADDRESS	4816 TAFT ST.	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZULAY, Y. JUDD	NAME	
STREET ADDRESS	35 S. WACKER DR.	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURLAND, SHELDON	NAME	
STREET ADDRESS	9853 PINES BLVD	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* **1-20-03** **954-929-5992**

CR2E037 (10/02)