

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003780

1. Entity Name

THE LAUDERHILL COMMUNITY SERVICES FOUNDATION, IN

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90026 048 ****61.25

Principal Place of Business

Mailing Address

7111 NW 46 ST
LAUDERHILL FL 33319

7111 NW 46 ST
LAUDERHILL FL 33319-4016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0432640

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

MOGBO, CHUCK
2331 N STATE RD 7
STE 124
LAUDERHILL FL 33319

Name

Street Address (P.O. Box Number is Not Acceptable)

2800 W. OAKLAND PK BLVD, SUITE 209

City

OAKLAND PARK

FL

Zip Code

33311

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

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 DP ☐ Delete
NAME TRASKELL, CHARLES
STREET ADDRESS 8320 W SUNRISE BLVD
CITY-ST-ZIP FT LAUDERDALE FL 33322

TITLE DP ☒ Change ☐ Addition
NAME HAHAMOVITCH, TINA
STREET ADDRESS 7111 N.W 46TH STREET
CITY-ST-ZIP LAUDERHILL, FL 33319

TITLE DV ☐ Delete
NAME HAHAMOVITCH, TINA
STREET ADDRESS 7111 NW 46 ST
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE D ☐ Change ☒ Addition
NAME COLLIE MICHELLE
STREET ADDRESS 1205 N.W 40TH AVENUE
CITY-ST-ZIP LAUDERHILL, FL 33313

TITLE D ☐ Delete
NAME MELIS, CAROL
STREET ADDRESS 7391 NW 40 ST
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME SIMONS, DAVID
STREET ADDRESS 4601 SHERIDAN ST SUITE 500
CITY-ST-ZIP HOLLYWOOD FL 33021-3401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME AJAYI, ABBEY
STREET ADDRESS 1205 NW 40 AVENUE
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME MOGBO, CHUCK
STREET ADDRESS 2331 N STATE RD 7, STE 124
CITY-ST-ZIP LAUDERHILL FL 33313

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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/00 (954) 321-2453

Date

Daytime Phone #

CR2E037 (9/99)