

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90012 003 ****70.00

DOCUMENT # N93000003780

1. Entity Name

THE LAUDERHILL COMMUNITY SERVICES FOUNDATION, IN

Principal Place of Business

7111 NW 46 ST
 LAUDERHILL FL 33319

Mailing Address

7111 NW 46 ST
 LAUDERHILL FL 33319

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

65-0432640

Applied For

Not Applicable

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 33313

Name

MOGBO, CHUCK

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

2800 West Oakland Park Blvd #209

City

Lauderhill

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 **DV** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **DP** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **D** ☐ Change ☒ Addition
 NAME **SCOTT NEWTON**
 STREET ADDRESS **11229 W. ATLANTIC BLVD #303**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

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 **D** ☐ Change ☒ Addition
 NAME **MICHELLE COLLIE**
 STREET ADDRESS **1205 NW 40 AVE**
 CITY-ST-ZIP **LAUDERHILL, FL 33313**

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 of David Simons
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/01 (954) 321-2453

CR2E037 (10/00)