

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000003780**

1. Entity Name

THE LAUDERHILL COMMUNITY SERVICES FOUNDATION, INC.**FILED****May 27, 2002 8:00 am**
Secretary of State

05-27-2002 90375 013 ****70.00

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
2800 WEST OAKLAND PARK BLVD. #209
FORT LAUDERDALE FL 33311**

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	DV	<input type="checkbox"/> Delete
NAME	TRASKELL, CHARLES	
STREET ADDRESS	8320 W SUNRISE BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33322	

TITLE	TRASKELL, CHARLES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1500 Cordova Rd # 300	
STREET ADDRESS	# 300	
CITY-ST-ZIP	FT. Lauderdale, FL. 33316	

TITLE	DP	<input type="checkbox"/> Delete
NAME	HAHAMOVITCH, TINA	
STREET ADDRESS	7111 NW 46 ST	
CITY-ST-ZIP	LAUDERHILL FL 33319	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	NEWTON, SADTT	
STREET ADDRESS	11229 W ATLANTIC BLVD #303	
CITY-ST-ZIP	POMPANO BEACH FL 33071	

TITLE	Newton, Scott	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input type="checkbox"/> Delete
NAME	SIMONS, DAVID	
STREET ADDRESS	4601 SHERIDAN ST SUITE 500	
CITY-ST-ZIP	HOLLYWOOD FL 33021-3401	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	COLLIE, MICHELLE	
STREET ADDRESS	1205 NW 40 AVENUE	
CITY-ST-ZIP	LAUDERHILL FL 33313	

TITLE	COLLIE, MICHELE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Home Bank	
STREET ADDRESS	3 SW 129 AVE. SUITE 101	
CITY-ST-ZIP	Pembroke Pines, FL. 33027	

TITLE	DT	<input type="checkbox"/> Delete
NAME	MOGBO, CHUCK	
STREET ADDRESS	2331 N STATE RD 7, STE 124	
CITY-ST-ZIP	LAUDERHILL FL 33313	

TITLE	MOGBO, CHUCK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2800 W. OAKLAND PARK BOULEVARD	
CITY-ST-ZIP	OAKLAND PARK, FL. 33311 STE 209	

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:

Tina Hahamovitch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/29/02 (951) 321-2453
Date Daytime Phone #

CR2E037 (9/01)