

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90382 038 *****70.00

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1. Entity Name

THE LAUDERHILL COMMUNITY SERVICES FOUNDATION, INC.



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

7600 NW 50th St

Suite, Apt. #, etc.

3. Mailing Address

7600 N.W. 50th St

Suite, Apt. #, etc.

City & State

LAuderhill FL 33351

City & State

LAuderhill, FL 33351

Zip

33351

Country

U.S.

Zip

33351

Country

U.S.
Broward

4. FEI Number **65-0432640**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MOGBO, CHUCK
2800 WEST OAKLAND PARK BLVD. #209
FORT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	TRASKELL, CHARLES	
STREET ADDRESS	8320 W SUNRISE BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33322	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HAHAMOVITCH, TINA	
STREET ADDRESS	7111 NW 46 ST	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWTON, SADTT	
STREET ADDRESS	11229 W ATLANTIC BLVD #303	
CITY-ST-ZIP	POMPANO BEACH FL 33071	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SIMONS, DAVID	
STREET ADDRESS	4801 SHERIDAN ST SUITE 500	
CITY-ST-ZIP	HOLLYWOOD FL 33021-3401	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLIE, MICHELLE	
STREET ADDRESS	1205 NW 40 AVENUE	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MOGBO, CHUCK	
STREET ADDRESS	2331 N STATE RD 7, STE 124	
CITY-ST-ZIP	LAUDERHILL FL 33313	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President / Director	
STREET ADDRESS	Traskell, Charles	
CITY-ST-ZIP	1200 SW 12th Street Apt. B103 Ft. Lauderdale, FL 33316	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President / Director - DP	
STREET ADDRESS	Newton, Scott	
CITY-ST-ZIP	9889 N.W. 2nd St Plantation, FL 33324	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary / Director DS	
STREET ADDRESS	Simons, David	
CITY-ST-ZIP	3864 Sheridan street Hollywood, FL 33021	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director	
STREET ADDRESS	Collie, Michelle	
CITY-ST-ZIP	3 SW 129 Ave #101 Pembroke Pines, FL 33027	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer / Director DT	
STREET ADDRESS	Mogbo, Chuck	
CITY-ST-ZIP	2800 West OAKland Park Blvd #209 Oakland Park, FL 33311	

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:

Scott Newton

4-30-03

954-730-2988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)