

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N95000002233**

1. Entity Name

**LIVING WATERS PROGRAMS, INC.**

Principal Place of Business

Mailing Address

10400 Griffin Road, Suite 302  
Fort Lauderdale, FL 33328

2. Principal Place of Business

3. Mailing Address

Same as above  
Suite, Apt. #, etc.

Same as above  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0665418

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

Rabbi S. Labowitz  
11450 SW 16th St.  
Davie, FL 33325

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 \$61.25**

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 NAME	VD Labowitz, Phillip A. Rabbi	<input type="checkbox"/> Delete
STREET ADDRESS	11450 SW 16th , Davie FL 33325	
CITY-ST-ZIP		
TITLE NAME	PD Labowitz Shoni, Rabbi	<input type="checkbox"/> Delete
STREET ADDRESS	11450 SW 16th St. Davie FL	
CITY-ST-ZIP	33325	
TITLE NAME	STD Chess, Howard	<input type="checkbox"/> Delete
STREET ADDRESS	1871 NW 108th Ave.	
CITY-ST-ZIP	Plantation, FL 33322	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90014 038 \*\*\*\*61.25

**C0043513**

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

*Shoni Labowitz, Pres.* 3/10/00 954-476-7466