

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

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90231 039 ****61.25

DOCUMENT # N96000001452

1. Entity Name

REACH THE CHILDREN RELIEF AND DEVELOPMENT, INC.



Principal Place of Business

**1199 HILLSBORO MILE
#129
HILLSBORO BEACH FL 33062
US**

Mailing Address

**1199 HILLSBORO MILE
#129
HILLSBORO BEACH FL 33062
US**

2. Principal Place of Business

**3000 S. Ocean Blvd
#405**

3. Mailing Address

**3000 S. Ocean Blvd.
#405**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33432

Country

US

Zip

33432

Country

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0728592**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EKHOLM, JUDIE L.
1199 HILLSBORO MILE
#129
HILLSBORO BEACH FL 33062**

7. Name and Address of New Registered Agent

Name

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

3000 S. Ocean Blvd

#405

City

Boca Raton

FL

Zip Code

33432

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

Judie L. Ekholm

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	ST	<input type="checkbox"/> Delete
NAME	EKHOLM, JUDIE	
STREET ADDRESS	1199 HILLSBORO MILE #129	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	OSMONOV, RAFIK	
STREET ADDRESS	16 PADOLSKAYA, DOM.12	
CITY-ST-ZIP	ST. PETERSBURG, RUSSIA	
TITLE	D	<input type="checkbox"/> Delete
NAME	YEKIMOV, ELENA	
STREET ADDRESS	29 NEVSKY PROSPECT	
CITY-ST-ZIP	ST. PETERSBURG, RUSSIA	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEDASEKOVA, TATIANA	
STREET ADDRESS	MAJAISK 13	
CITY-ST-ZIP	ST. PETERSBURG, RUSSIA	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOPKINS, DAVID	
STREET ADDRESS	1149 HILLSBORO MILE #129	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3000 S. Ocean Blvd #405
CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3000 S. Ocean Blvd #405
CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Judie L. Ekholm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-03

Date

561-393-0705

Daytime Phone #

CR2E037 (10/02)