

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004740

1. Entity Name

THE CHILDREN'S TOUCH INSTITUTE, INC.

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90012 005 \*\*\*\*61.25

Principal Place of Business Mailing Address  
1925 E. ATLANTIC BLVD. 1925 E. ATLANTIC BLVD.  
POMPANO BEACH FL 33060 POMPANO BEACH FL 33060  
US

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 65-0694701 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

SHULMAN, NICOL  
1271 S. CYPRESS ROAD  
POMPANO BEACH FL 33060

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 *Nicol Shulman* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25  
After September 13, 2000 min. will be \$236.25

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          | PD                       | <input type="checkbox"/> Delete            |
| NAME           | SHULMAN, NICOL           |  |
| STREET ADDRESS | 1271 S. CYPRESS ROAD     |  |
| CITY-ST-ZIP    | POMPANO BEACH FL 33060   |  |
| TITLE          | V                        | <input type="checkbox"/> Delete            |
| NAME           | SHULMAN, FRANK           |  |
| STREET ADDRESS | % 1925 E. ATLANTIC BLVD. |  |
| CITY-ST-ZIP    | POMPANO BEACH FL 33060   |  |
| TITLE          | SD                       | <input type="checkbox"/> Delete            |
| NAME           | FORBES, RICHARD          |  |
| STREET ADDRESS | 5121 NE 6TH AVENUE       |  |
| CITY-ST-ZIP    | POMPANO BEACH FL 33064   |  |
| TITLE          | D                        | <input checked="" type="checkbox"/> Delete |
| NAME           | KENDZIERSKI, SHEILA      |  |
| STREET ADDRESS | 6901 NW 76TH ST          |  |
| CITY-ST-ZIP    | TAMARAC FL 33321         |  |
| TITLE          | D                        | <input type="checkbox"/> Delete            |
| NAME           | WARD, JANET              |  |
| STREET ADDRESS | 2850 FEDERAL HIGHWAY     |  |
| CITY-ST-ZIP    | POMPANO FL 33064         |  |
| TITLE          | T                        | <input type="checkbox"/> Delete            |
| NAME           | SHEPARD, CYNTHIA         |  |
| STREET ADDRESS | 411 N DIXIE HWY          |  |
| CITY-ST-ZIP    | POMPANO FL 33064         |  |

|                |   |
|----------------|---|
| 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 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    |   |

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: *Nicol Shulman* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 7/16/2000 DAYTIME PHONE # 960

CR2E037 (5/00)