

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005783

1. Entity Name

MOTHERS' VOICES OF SOUTH FLORIDA, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90008 013 ****61.25

Principal Place of Business

Mailing Address

150 W. FLAGLER ST.
STE. 1820
MIAMI FL 33130
US

555 NE 34TH STREET
SUITE 1503
MIAMI FL 33137-4056
US

2. Principal Place of Business

3. Mailing Address

150 W. FLAGLER ST.

150 W. FLAGLER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1820

1820

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33130

Country
USA

Zip
33130

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1554237

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

GAYNOR, BARBARA
150 W. FLAGLER ST
SUITE 1820
MIAMI FL 33130

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 D ☐ Delete
NAME BECKER, SUSAN M
STREET ADDRESS 8201 S.W. 149 DRIVE
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Change ☒ Addition
NAME ROTH, LYNNE
STREET ADDRESS 2510 Lincoln Ave.
CITY-ST-ZIP Coconut Grove, FL 33133

TITLE S ☐ Delete
NAME SADLER, DON
STREET ADDRESS 150 W FLAGLER ST #1820
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME GAYNOR, BARBARA
STREET ADDRESS 555 NE 34TH STREET #501
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME POZEN, ANN D
STREET ADDRESS 10645 S.W. 89 AVE.
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HOLDER, CHERYL D
STREET ADDRESS 16555 DADE HEALTH CENTER
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME ZEMSKY, SHEILA M
STREET ADDRESS 520 BRICKELL KEY DR., #1200
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ 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:

BARBARA GAYNOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-00

305-347-5467

Date

Daytime Phone #

CR2E037 (9/99)