

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90194 009 ****70.00

DOCUMENT # N98000003808

1. Entity Name

KIDS IN DISTRESS FOUNDATION, INC.

Principal Place of Business

819 NE 26TH ST
 FT LAUDERDALE FL 33305

Mailing Address

819 NE 26TH ST
 FT LAUDERDALE FL 33305-1239

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3517972

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOMCZYK, THOMAS J
819 NE 26TH ST
FT LAUDERDALE FL 33305

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.

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

TITLE Delete
 NAME **TD THOMPSON, JEFF**
 STREET ADDRESS **2611 E. OAKLAND PARK BLVD.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

TITLE Delete
 NAME **CD ALANTINTER,**
 STREET ADDRESS **3309 W. COMMERCIAL BLVD. STE. 201**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE Delete
 NAME **VD WEINBERG, MICHAEL**
 STREET ADDRESS **2430 W. OAKLAND PARK BLVD.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE Delete
 NAME **SD HIRSHBERG, EDWARD**
 STREET ADDRESS **3101 N. FEDERAL HWY. STE. 700**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

TITLE Delete
 NAME **CEPD THOMAS, TOMCZYK**
 STREET ADDRESS **819 NE 26 ST**
 CITY-ST-ZIP **WILTON MANORS FL 33305**

TITLE Delete
 NAME **VD SHEFFIELD, LEE**
 STREET ADDRESS **ONE N. UNIVERSITY DR.**
 CITY-ST-ZIP **PLANTATION FL 33324**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **CD**
 STREET ADDRESS **ROW CLANTZ,**
 CITY-ST-ZIP **7951 SW 6th ST, SUITE 106 PLANTATION, FL 33324**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Tomczyk 1/12/00 954-390-7654

Date

Daytime Phone #

CR2E037 (9/99)