

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**  
 05-23-2002 90018 024 \*\*\*\*70.00

**DOCUMENT # N99000001259**

1. Entity Name

**PEDIATRIC BEREAVEMENT TEAM INC.**

Principal Place of Business

Mailing Address

1611 N.W. 12TH AVE  
 HOLTZ CENTER 6005  
 MIAMI FL 33136

1611 N.W. 12TH AVE  
 HOLTZ CENTER 6005  
 MIAMI FL 33136

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

**65-0914187**

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

**MORECROFT, SANDRA**  
**4650 SW 70TH TERRACE**  
**DAVIE FL 33314**

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 **DT** ☐ Delete  
 NAME **LEPAGE, CHANTAL**  
 STREET ADDRESS **1350 NE 191 ST APT 202**  
 CITY-ST-ZIP **N MIAMI BCH FL 33179**

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

TITLE **DM** ☐ Delete  
 NAME **WINCHESTER, JACKIE**  
 STREET ADDRESS **20320 NW 8 STREET**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

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

TITLE **DS** ☐ Delete  
 NAME **FEINROTH, CARRIE**  
 STREET ADDRESS **8450 NW 3RD STREET**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

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

TITLE **DC** ☐ Delete  
 NAME **MORECROFT, SANDRA**  
 STREET ADDRESS **4650 SW 70TH TERRACE**  
 CITY-ST-ZIP **DAVIE FL 33314**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SANDRA MORECROFT**

**3-21-02 (305) 585-5430**

Date Daytime Phone #

CR2E037 (9/01)