

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000001259

FILED  
Jun 14, 2003  
Secretary of State

Entity Name: PEDIATRIC BEREAVEMENT TEAM INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 65-0914187      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## OFFICERS AND DIRECTORS:

Title: DT      ( ) Delete  
Name: LEPAGE, CHANTAL  
Address: 1350 NE 191 ST APT 202  
City-St-Zip: N MIAMI BCH, FL 33179

Title: DM      ( ) Delete  
Name: WINCHESTER, JACKIE  
Address: 20320 NW 8 STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DS      ( ) Delete  
Name: FEINROTH, CARRIE  
Address: 8450 NW 3RD STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: DC      ( ) Delete  
Name: MORECROFT, SANDRA  
Address: 4650 SW 70TH TERRACE  
City-St-Zip: DAVIE, FL 33314

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA MORECROFT

DC

06/14/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date