

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91071 010 ****61.25

DOCUMENT # *N99000003722*

1. Entity Name

FRIENDS OF CHILDREN UNITED SUCCEED, INC



DO NOT WRITE IN THIS SPACE

94083109

2. Principal Place of Business

6800 W. Commercial Blvd

3. Mailing Address

6800 W. Commercial Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4

4

City & State

Lauderhill, FL

City & State

Lauderhill, FL

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

EX-D
RECHTER, LEE
6800 W. Commercial Blvd, #4
Lauderhill, FL 33319-2149

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD JESS STEARN DR.
6800 W. Commercial Blvd
Lauderhill, Fl 33319

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D-BROOKS, CHRISTINE DR.
1834 Belmont Rd., NW
Washington, DC 20229

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D-
NEIMARK, CORT ESQ.
800 Corporate Dr, Ste 602
Ft. Lauderdale, Fl 33334

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
OGDEN, SUSAN
1310 Ave Coruna Gables by the Sea
Coral Gables, Fl 33156

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
RECHTER, MARVIN DR.
9591 Park Lane
Plantation, Fl 33324

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4

04

954 747 8877

Date

Daytime Phone #

CR2E037B (12/02)