

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jul 06, 2001 8:00 am
Secretary of State

05-11-2001 90085 023 ****70.00

DOCUMENT # N99000005720

1. Entity Name

CHILDREN'S INTERVENTION, OUTREACH AND REFERRAL M

Principal Place of Business

721 U.S. HWY 1, SUITE 217
 NORTH PALM BEACH FL 33408

Mailing Address

721 U.S. HWY 1, SUITE 217
 NORTH PALM BEACH FL 33408

75695



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0965908

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FONG, MAUREEN LYEW
 721 U.S. HWY 1, SUITE 217
 NORTH PALM BEACH FL 33408

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	PD	<input type="checkbox"/> Delete
NAME	FONG, MAUREEN L	
STREET ADDRESS	3125 AVE H EAST	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHINSUE, MARLENE	
STREET ADDRESS	3125 AVE H EAST	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HEISER, CATHERINE	
STREET ADDRESS	C/O PO BOX 7724	
CITY-ST-ZIP	JUPITER FL 33468	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	De	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Borborra A. Morke	
STREET ADDRESS	1014 Cheyenne St	
CITY-ST-ZIP	Jupiter FL 33458	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joyce Darville	
STREET ADDRESS	450 32nd Street	
CITY-ST-ZIP	Riviera Beach FL 33404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: MAUREEN LYEW FONG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)