

2000 UNIFORM BUSINESS REPORT (UBR)

page 1 of 2

DOCUMENT # 19900006472

1. Entity Name
ABANDONED CHILD FOUNDATION, INC.

Principal Place of Business **Mailing Address**
3697 CORAL TREE CIRCLE 3697 CORAL TREE CIRCLE
COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073

FILED
00 DEC 15 AM 11:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 65-0958236 **Applied For**
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PINTO, MANOEL A.
3697 CORAL TREE CIRCLE
COCONUT CREEK, FL 33073

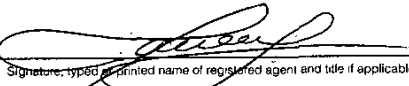
7. Name and Address of New Registered Agent

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  **11-08-00**
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** ☐ **\$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 NAME STREET ADDRESS CITY-ST-ZIP	D PINTO, MANOEL 3697 CORAL TREE CIRCLE COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINTO, JANE B. 3697 CORAL TREE CIRCLE COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINTO, ANDERSON B. 3697 CORAL TREET CIRCLE COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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*****70.00 *****70.00

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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:  **11-08-00 (954) 978-8878**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

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FLORIDA DEPARTMENT OF STATE
Division of Corporation
2000 Uniform Business Report (UBR)
409 East Gaines Street
Tallahassee, FL 32399

Re: Filing of Uniform Business Report 2000
N99000006472
ABANDONED CHILD FOUNDATION, INC.

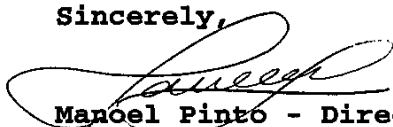
To Whom It May Concern:

This letter is to inform you that we have never received a
Uniform Business Report form in the mail.

We would like to request you that you forgive all extra
fees and penalties other than the primary of \$61.25 plus
\$8.75 for the Certificate of Status and accept the filling
of our attached UBR, which has been prepared by our
accountant.

Any questions or concern, feel free to contact our
accountant at (954) 725-4600 and speak to Mr. Breno Gomes.

Sincerely,


Manoel Pinto - Director
Abandoned Child Foundation, Inc.
3697 Coral Tree Circle
Coconut Creek, FL 33073
Phone (954) 978-8878