

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90495 045 \*\*\*150.00

0359663  
AV

DOCUMENT # P95000042989

1. Entity Name

NATIONAL SPECIAL NEEDS NETWORK, INC.



Principal Place of Business

8041 W. MCNAB ROAD  
TAMARAC FL 33321  
US

Mailing Address

8041 W. MCNAB ROAD  
TAMARAC FL 33321  
US

2. Principal Place of Business

4613 N. University Dr.  
Suite, Apt. #, etc.  
#242

3. Mailing Address

4613 N. University Drive  
Suite, Apt. #, etc.  
#242



☒ CHECK HERE IF MAKING CHANGES

City & State

Coral Springs FL

City & State

Coral Springs FL

4. FEI Number

65-0659925

Applied For

Not Applicable

Zip

33067

Country

US

Zip

33067

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COHN, L. JERRY  
8041 W. MCNAB RD  
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name  
Jeffrey H. Minde  
Street Address (P.O. Box Number is Not Acceptable)  
4613 N. University Drive  
#242  
City  
Coral Springs FL Zip Code  
33067

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

SIGNATURE

Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

4/20/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME COHN, L. JERRY  
STREET ADDRESS 8041 W. MCNAB RD  
CITY-ST-ZIP TAMARAC FL 33321

TITLE D ☐ Delete  
NAME MINDE, JEFFREY H  
STREET ADDRESS 8041 W. MCNAB RD  
CITY-ST-ZIP TAMARAC FL 33321

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE D ☒ Change ☐ Addition  
NAME Minde, Jeffrey H.  
STREET ADDRESS 4613 N. University Drive #242  
CITY-ST-ZIP Coral Springs FL 33067

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

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

TITLE ☐ Change ☐ Addition  
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 607, 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 life empowered.

SIGNATURE:

Signature of signing officer or director. (NOTE: Signature required when reinstating)

Date

4/20/03

Daytime Phone #

954-345-6465

CR2E034 (10/02)