

**2000 UNIFORM BUSINESS REPORT (UBR)**

8.

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

08-23-2000 90031 010 \*\*\*\*62.50

**DOCUMENT # N50473**

1. Entity Name

**ASSOCIATION OF BROWARD COUNTY MEDIATORS, INC.**

Principal Place of Business

Mailing Address

116 SE 6TH CT  
 FT. LAUDERDALE FL 33301

116 SE 6TH CT  
 FT. LAUDERDALE FL 33301

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 **65-0355827**

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

7. Name and Address of New Registered Agent

**FISCHLER, MICHAEL A.**  
 116 SOUTHEAST 6TH CT  
 FT. LAUDERDALE FL 33301

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**  
**After September 13, 2000 min. will be \$236.25**

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	<del>SD</del>	<input type="checkbox"/> Delete
NAME	<b>BASS, IRIS M</b>	
STREET ADDRESS	<b>6800 W COMMERCIAL BLVD, STE 5</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL 33319</b>	
TITLE	<del>PD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>BASS, DANIEL B</del>	
STREET ADDRESS	<del>2523 N E 33RD STREET</del>	
CITY-ST-ZIP	<del>FT LAUDERDALE FL 33305</del>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CAPPAL</b>	
STREET ADDRESS	<b>ONE FINANCIAL PLAZA 1610</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<del>VD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>POTASH, VELLA ROSENTHA</del>	
STREET ADDRESS	<del>2900 N PALM AIRE DRIVE #301</del>	
CITY-ST-ZIP	<del>POMPANO BEACH FL 33069</del>	
TITLE	<del>VD</del>	<input type="checkbox"/> Delete
NAME	<b>TELL, MEAH ROTHMAN</b>	
STREET ADDRESS	<b>11081 N W 12TH DRIVE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WAXMAN, GERALDINE L</b>	
STREET ADDRESS	<b>4950 N PINE ISLAND RD</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	

TITLE	<b>Vice President - D</b>	<input checked="" 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		
TITLE	<b>President - D</b>	<input checked="" 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:

**SIGNATURE REQUIRED**

**8/21/2000**

Date

Daytime Phone #

CR2E037 (5/00)