

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90091 023 ****61.25

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DOCUMENT # N50473

1. Entity Name

ASSOCIATION OF BROWARD COUNTY MEDIATORS, INC.

Principal Place of Business

116 SE 6TH CT
 FT. LAUDERDALE FL 33301

Mailing Address

116 SE 6TH CT
 FT. LAUDERDALE FL 33301

AUUUUUUU



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

65-0355827

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

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

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEF 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

TITLE: VPD
 NAME: BASS, IRIS M Delete
 STREET ADDRESS: 6800 W COMMERCIAL BLVD, STE 5
 CITY-ST-ZIP: LAUDERHILL FL 33319

TITLE: D
 NAME: CAPP AL Delete
 STREET ADDRESS: ONE FINANCIAL PLAZA 1610
 CITY-ST-ZIP: FT. LAUDERDALE FL

TITLE: PD
 NAME: TELL, MEAH ROTHMAN Delete
 STREET ADDRESS: 11081 N W 12TH DRIVE
 CITY-ST-ZIP: CORAL SPRINGS FL 33071

TITLE: D
 NAME: WAXMAN, GERALDINE L Delete
 STREET ADDRESS: 4950 N PINE ISLAND RD
 CITY-ST-ZIP: LAUDERHILL FL

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PRESIDENT-ELECT 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: _____

TITLE: Treasurer Change Addition
 NAME: Linda Goldfarb
 STREET ADDRESS: 3451 No. Hills Dr
 CITY-ST-ZIP: Hollywood, FL 33021

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 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 REQUIRES M. BASS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 9, 2001 (954) 765-5778

CR2E037 (10/00)