

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90123 036 \*\*\*\*61.25

**DOCUMENT # N96000000173**

1. Entity Name

**K2 PROJECT, INC.**

*DBA  
 WESTON 4R YOUTH*

Principal Place of Business

4370 MAHOG ANY RIDGE  
 FORT LAUDERDALE FL 33331  
 US

Mailing Address

4370 MAHOG ANY RIDGE  
 FORT LAUDERDALE FL 33331  
 US

2. Principal Place of Business

*16429 Sapphire Pl.*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Weston, FL 33331*

City & State

Zip  
*33331*

Country  
*USA*

Zip

Country

4. FEI Number

**65-0642995**

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

**REISER, RAYMOND A**  
**1 S.E. 3RD AVE., SUITE 1240**  
**MIAMI FL 33131**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALDEZ, DEE SCOTT 2989 WENTWORTH FT LAUDERDALE FL 33332	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHAW, PETER 327 LAKECREST CRT FT LAUDERDALE FL 33326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAGNATTI, ROSIE 1012 FAIRFAX LANE FT. LAUDERDALE FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAFFE, BYRON 1500 SEABAY RD WESTON FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILLER, STEVE 700 SPINNAKER WESTON FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBAINA, JUDY 16526 RUBY LAKE WESTON FL 33331	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDEZ, DEE SCOTT 16429 Sapphire Pl Weston, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANAIPAZOS, Cynthia 1276 Bayview Circle Weston, FL	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Elliot, April 2128 Pasa Verde Lane Weston, FL 33329 - 2201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLER, Steve 700 Spinnaker Weston, FL 33326	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 OF DEE SCOTT VALDEZ* **Dee Scott Valdez** 2-13-01 (954)384-0763  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CREE037 (10/00)

Attachment

# N96000000173  
727210

**Additional WESTON 4R YOUTH BOARD MEMBERS-2001**

D

Mona Habib  
4307 Fox Hound  
Weston, FL 33331  
954-389-8486

STEVE CLEIN  
4181 Staghorn Ln.  
WESTON, FL 33331  
(954) 431-2008

D

Ellen Korman  
490 Alexandra  
Weston, FL  
954-384-1874

D

Diane Valentini  
2310 Arvida Parkway  
Weston, FL  
954-389-7840

D

Dave Schupp  
2525 Arvida Parkway  
Weston, FL  
954-389-2010

D

Dave Katz  
City of Weston  
2500 Weston Rd.  
Suite 101  
Weston, FL 33331  
954-385-2000

D

Denise Gondolfo  
NBHD 2300 N. Commerce Prkwy.  
Weston, FL 33326  
954-217-3507

D

Pam DeLucia  
2981 Myrtle Oak Cir.  
Davie, FL 33328  
954-452-4592

D

Tracy Reichanadter  
228 La Costa Way  
Weston, FL 33326  
954-389-5496

Attachment # N96000000173  
727210

Weston 4R Youth Additional Board Members- (continued)

D

Lorna Walker  
Sun Sentinel  
1800 N. Commerce Parkway  
Weston, FL 33326  
954-385-7981

D

Laura Schantz  
BCC  
236 Cameron Dr.  
Weston, FL 33326  
954-389-7725

b

Leesi Oshins  
626 Spinnaker  
Weston, FL 33326  
954-385-6789

D

Howard Tripp  
YMCA  
11524 West State Rd. 84  
Davie, FL 33325  
954-424-9622

D

Mark Sherman  
JCC  
5850 Pine Island Dr.  
Davie, FL 33328  
954-434-0499