

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004564

1. Entity Name

CRAWFORD CENTER, INC.

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90069 019 ****61.25

Principal Place of Business

6289 W SUNRISE BLVD
SUITE 122
SUNRISE FL 33313
US

Mailing Address

6289 W SUNRISE BLVD
SUITE 122
SUNRISE FL 33313
US

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

65-0610247

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

MENENDEZ, MANUEL
3191 CORAL WAY
3RD FLOOR
MIAMI FL 33145

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

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 NAME STREET ADDRESS CITY-ST-ZIP	ED MENENDEZ, MANUEL 8780 SW 122ND ST MIAMI FL 33176	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAMBO, PATRICIA 3045 ALHAMBRA CT CORAL GABLES FL 33134	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HRNANADEZ, LYNN 601 N FLAMINGO RD PEMBROKE PINES FL 33028	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SUAREZ, CARLOS MD 724 ALHAMBRA CIR CORAL GABLES FL 33134	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MENENDEZ, CORA 175 SW 24TH RD MIAMI FL 33129	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, DEENA LCSW 20460 NE 34TH CT AVENTURA FL 33180	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANK AGUIERO 3191 Coral Way, Suite 404 Miami, FL 33145	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jorge Zamora 3191 Coral Way, Suite 404 Miami, FL 33145	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Blanca Bicharra 2277 N.W. 82 Avenue Miami, FL 33122	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Adriana Macreffi 9485 Sunset Dr, suite A150 Miami, FL 33173	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph Myrtetus 1900 SW 79 st, 3rd floor Miami, FL 33143	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 registered 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00 954-587-1008

Date

Daytime Phone #

CR2E037 (10/00)