

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90239 017 ****61.25

DOCUMENT # **N94 000000482**

1. Entity Name

Advocate Counseling Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 SE 6th St. #400

Suite, Apt. #, etc.

3. Mailing Address

200 SE 6th St. #400

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0651315

Applied For

Not Applicable

Zip

Country

Zip

Country

33301

U.S.A.

33301

U.S.A.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Martin Murtagh

Street Address (P.O. Box Number is Not Applicable)

200 SE 6th Street, #400

City

Ft. Lauderdale, FL

Zip Code

33301

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IN THIS SPACE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Martin Murtagh 200 SE 6th St. #400 Ft. Lauderdale, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDVP Bridges, Deborah 2021 NE 5th St Court Ft. Lauderdale, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Nicholas, Joseph, DR 450 Fairway Drive, Suite 204 Deerfield Bch, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

Martin Murtagh, President **Martin Murtagh, Pres. 5/3/02**

954-779-

7577