

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004133

1. Entity Name

ADVANCED MENTAL ADDICTION REHABILITATION CENTER

Principal Place of Business

Mailing Address

100 BEACOM BOULEVARD  
MIAMI FL 33135

100 BEACOM BOULEVARD  
MIAMI FL 33135-1534

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

CORTEGUERA, RUBEN  
100 BEACOM BOULEVARD  
MIAMI FL 33135

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>GONZALEZ, LEONOR<br>100 BEACOM BOULEVARD<br>MIAMI FL 33135  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>CORTEGUERA, RUBEN<br>100 BEACOM BOULEVARD<br>MIAMI FL 33135 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>GONZALEZ, JUAN I<br>100 BEACOM BOULEVARD<br>MIAMI FL 33135  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-00 (305) 541-3323

Date

Daytime Phone #

FILED  
Feb 14, 2000 8:00 am  
Secretary of State

02-14-2000 90075 001 \*\*\*\*61.25

02-14-2000 90075 002 \*\*\*\*8.75



DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ V  
65-0939247 | Applied For  
| Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required