

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90139 004 \*\*\*\*70.00

**DOCUMENT # 702748**

1. Entity Name

**HEARING AND SPEECH CENTER OF FLORIDA, INC.**

Principal Place of Business

2511 PONCE DE LEON BLVD  
 SUITE 203  
 CORAL GABLES FL 33134

Mailing Address

2511 PONCE DE LEON BLVD  
 SUITE 203  
 CORAL GABLES FL 33134

00067488



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9425 Sunset Dr.

Suite, Apt. #, etc.

Suite 261

City & State  
 Miami, FL

Zip  
 33173

Country  
 Miami Dade

3. Mailing Address

9425 Sunset Dr.

Suite, Apt. #, etc.

Suite 261

City & State  
 Miami, FL

Zip  
 33173

Country  
 Miami Dade

4. FEI Number  
 59-0668488

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

BROOKS, ROY JR., ATTORNEY AT LAW  
 2625 PONCE DE LEON BLVD.  
 SUITE 201  
 CORAL GABLES FL 33134

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:**  
**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 PD  
 NAME SICRE, MANUEL V.  
 STREET ADDRESS 111 NW 136TH CT  
 CITY-ST-ZIP MIAMI FL 33182 ☐ Delete

TITLE SD  
 NAME BEIGEL, GERT  
 STREET ADDRESS 13951 KENDALL LAKES CIR  
 CITY-ST-ZIP MIAMI FL 33183 ☐ Delete

TITLE VD  
 NAME MERENDI, SILVANO  
 STREET ADDRESS 666 NW 79TH AVE #525  
 CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE ED  
 NAME POMS, LILLIAN  
 STREET ADDRESS 8955 SW 85TH TERR.  
 CITY-ST-ZIP MIAMI FL ☐ Delete

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 ☐ 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  
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 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Lillian Poms*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lillian Poms

2/22/01

Date

(305) 271-7343

Daytime Phone #

CR2E037 (10/00)