

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 718324

(7)

1. Corporation Name

FAMILY COUNSELING SERVICES OF GREATER MIAMI, INC

Principal Place of Business

Mailing Address

3050 BISCAYNE BLVD
8TH FLOOR
MIAMI FL 33137
US

3050 BISCAYNE BLVD
8TH FLOOR
MIAMI FL 33137
US

3. Date Incorporated or Qualified

03/20/1970

4. FEI Number

59-1312775

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KLEES, PHILIP S
3050 BISCAYNE BLVD
8TH FLOOR
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ABREU, ALEX J	
STREET ADDRESS	100 SE 2 ST, 15TH FL	
CITY-ST-ZIP	MIAMI FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	PUNAL, FRANK	
STREET ADDRESS	100 S BISCAYNE BLVD, STE 1500	
CITY-ST-ZIP	MIAMI FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	HOLLANDER, MORRIS I	
STREET ADDRESS	1 SE 3RD AVE, 10TH FL	
CITY-ST-ZIP	MIAMI FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROMERO, IBIS	
STREET ADDRESS	400 SE 2ND AVE	
CITY-ST-ZIP	MIAMI FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DIAZ-MIRANDA, MERCY	
STREET ADDRESS	9800 SUNSET DR.	
CITY-ST-ZIP	MIAMI FL	

TITLE	MD	<input checked="" type="checkbox"/> DELETE
NAME	KLEES, PHILIP S.	
STREET ADDRESS	3050 BISCAYNE BLVD., 8TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33137	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROSELYN SMITH-GONAS	
1.3 STREET ADDRESS	5060 SW 64TH AVENUE	
1.4 CITY-ST-ZIP	MIAMI, FL 33155	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (5/98)