

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718324

1. Entity Name

FAMILY COUNSELING SERVICES OF GREATER MIAMI, INC

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90168 015 ****61.25

Principal Place of Business

Mailing Address

3050 BISCAYNE BLVD 10651 N. KENDALL DR
8TH FLOOR SUITE 100
MIAMI FL 33137 MIAMI FL 33176
US

2. Principal Place of Business

3. Mailing Address

10651 NORTH KENDALL DR.

Suite, Apt. #, etc.

Suite 100

City & State

MIAMI FL

4. FEI Number

59-1312775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLEES, PHILIP S
3050 BISCAYNE BLVD 10651 NORTH KENDALL DRIVE
8TH FLOOR SUITE 100
MIAMI FL 33137 MIAMI, FL 33176

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 D ☐ Delete
NAME SMITH-GONAS, ROSELYN
STREET ADDRESS 5060 S W 64TH AVENUE
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME PUNAL, FRANK
STREET ADDRESS 100 S BISCAYNE BLVD, STE 1500
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME HOLLANDER, MORRIS I
STREET ADDRESS 1 SE 3RD AVE, 10TH FL
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME ROMERO, IBIS
STREET ADDRESS 400 SE 2ND AVE
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME ABREU, ALEX J
STREET ADDRESS 100 S.E. 2 STREET, 15TH FLOOR
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-00

Date

Daytime Phone #

CR2E037 (9/99)