

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F03106

1. Entity Name

COUNSELING AFFILIATES, P.A.

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

03-14-2000 90087 037 ***150.00

Principal Place of Business

1859 N. PINE ISLAND RD
STE #321
PLANTATION FL 33322
US

Mailing Address

1859 N. PINE ISLAND RD
STE 321
PLANTATION FL 33322-5224
US

2. Principal Place of Business

1859 N. PINE ISLAND RD.

Suite, Apt. #, etc.

STE 234

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

PLANTATION

FL

City & State

Zip

33322

Country

BROWARD

Country

4. FEI Number

59-2066651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIEVMAN, STEVEN
1859 N. PINE ISLAND RD
STE. 321
PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name

RIEVMAN, STEVEN

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

1859 N. PINE ISLAND RD

#234

City

PLANTATION

FL

Zip Code

33322

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

Steven Rievmann

STEVEN RIEVMAN

3/10/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	RIEVMAN, STEVEN	
STREET ADDRESS	1859 N. PINE ISLAND RD, STE. 321	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN RIE	
STREET ADDRESS	1859 N. PINE ISLAND RD. #234	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Steven Rievmann STEVEN RIEVMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

Date

954 476 7218

Daytime Phone #

CR2EC14 (3/99)