

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90048 049 ****61.25

DOCUMENT # N08526

1. Entity Name

COUNSELING AND EVALUATION CENTER, INC.

Principal Place of Business

Mailing Address

~~9117 SW 87TH AVE.~~
MIAMI FL 33176
US

~~9117 SW 87TH AVE.~~
MIAMI FL 33176
US

2. Principal Place of Business

9075 SW 87 Ave

3. Mailing Address

9075 SW 87 Ave

Suite, Apt. #, etc.

Suite 409

Suite, Apt. #, etc.

409

City & State

Miami FL

City & State

Miami FL

Zip

33176

Country

US

Zip

33176

Country

US

4. FEI Number

59-2604296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRISCHER, STEVEN L
7600 RED ROAD
S MIAMI FL 33143

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** ☐ Delete
 NAME **HENDRICKSON, MICHAEL**
 STREET ADDRESS **9117 SW 87TH AVE. 9075 SW 87 Ave**
 CITY-ST-ZIP **MIAMI FL #409**

TITLE **STD** ☒ Delete
 NAME **WASMAN, MARCY**
 STREET ADDRESS **14220 SW 78TH CT**
 CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ Delete
 NAME **EVANS, ROBERT**
 STREET ADDRESS **7949 SW 104 ST #D113**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **STD** ☐ Delete
 NAME **Dwight Reynolds**
 STREET ADDRESS **9150 SW 87 Ave Suite 102**
 CITY-ST-ZIP **Miami, FL 33176**

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
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TITLE ☐ Change ☐ Addition
 NAME
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 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: **Michael Hendrickson** **1/22/01 598-0558**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)