

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19754

1. Entity Name

CLINICAL SOCIAL WORK ASSOCIATION OF SOUTH FLORID

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90065 037 ****61.25

Principal Place of Business

C/O LINDA M. SMITH, ESQ.
11900 BISCAYNE BLVD. #200
NORTH MIAMI F 33181
US

Mailing Address

C/O LINDA M. SMITH, ESQ.
11900 BISCAYNE BLVD. #200
NORTH MIAMI FL 33181-2756
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2794479

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

SMITH, LINDA M
11900 BISCAYNE BLVD
SUITE 200
NORTH MIAMI FL 33181

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 PD ☐ Delete
NAME ~~MILLER, ROGER~~
STREET ADDRESS ~~8800 SW 87 COURT, #112~~
CITY-ST-ZIP ~~MIAMI FL~~

TITLE ~~SD~~ ☒ Delete
NAME ~~FRIEDMAN, PENNY~~
STREET ADDRESS ~~8800 SW 88TH PL~~
CITY-ST-ZIP ~~MIAMI FL~~

TITLE ~~PD~~ ☐ Delete
NAME ROCK, ELLEN
STREET ADDRESS 8525 SW 92 STREET #B8
CITY-ST-ZIP MIAMI FL

TITLE TD ☐ Delete
NAME RICH-HOCHMAN, ADRIENNE
STREET ADDRESS 1435-A S MIAMI AVE
CITY-ST-ZIP MIAMI FL 33130

TITLE AS ☐ Delete
NAME SMITH, LINDA M
STREET ADDRESS 11900 BISCAYNE BLVD, SUITE 200
CITY-ST-ZIP MIAMI FL 33181

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P/D ☒ Change ☐ Addition
NAME Casas-Justice, Libia T.
STREET ADDRESS 9715 S. Dixie Highway
CITY-ST-ZIP Miami, FL 33156

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

TITLE SD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 33156

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

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: Linda M. Smith, Assistant Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/00 305-866-6434

Date

Daytime Phone #