

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19754

1. Entity Name

CLINICAL SOCIAL WORK ASSOCIATION OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O LINDA M. SMITH, ESQ.  
11900 BISCAYNE BLVD. #200 503  
NORTH MIAMI F 33181  
US

C/O LINDA M. SMITH, ESQ.  
11900 BISCAYNE BLVD. #200 503  
NORTH MIAMI FL 33181  
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)

Suite 503

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

*Linda M Smith*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/05/02

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MILLER, ROGER<br>0000 SW 87 COURT, #112<br>MIAMI FL                | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>FRIEDMAN, PENNY<br>8220 SW 68TH PL<br>MIAMI FL                     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>ROCK, ELLEN<br>8525 SW 92 STREET #B8<br>MIAMI FL                   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>RICH-HOCHMAN, ADRIENNE<br>1435 A S MIAMI AVE<br>MIAMI FL 33130     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>SMITH, LINDA M<br>11900 BISCAYNE BLVD, SUITE 200<br>MIAMI FL 33181 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CASAS-JUSTICE, LIBIA<br>9715 South Dixie Highway<br>Pinecrest, FL 33156 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>ROCK, ELLEN<br>8525 SW 92 Street, #B8<br>Miami, FL                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>SELIGMAN, SHIRLEY<br>4505 SW 89 Avenue<br>Miami, FL 33165               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Suite 503   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:

*Shirley Seligman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-221-4304

FILED  
May 09, 2002 8:00 am  
Secretary of State

05-09-2002 90035 018 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)