

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90528 018 ****61.25

0030212

DOCUMENT # N19754

1. Entity Name

CLINICAL SOCIAL WORK ASSOCIATION OF SOUTH FLORIDA, INC.



Principal Place of Business

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

Mailing Address

**C/O LINDA M. SMITH, ESQ.
11900 BISCAYNE BLVD. 503
NORTH MIAMI F 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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SMITH, LINDA M ESQ.
11900 BISCAYNE BLVD
SUITE 503
NORTH MIAMI FL 33181**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **CASAS-JUSTICE, LIBIA**
STREET ADDRESS **9715 SOUTH DIXIE HIGHWAY**
CITY-ST-ZIP **PINECREST FL 33156**

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

TITLE **SD** ☒ Delete
NAME **ROCK, ELLEN**
STREET ADDRESS **8525 SW 92 STREET #B8**
CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☒ Change ☐ Addition
NAME **ROCK, ELLEN**
STREET ADDRESS **8525 SW 92 STREET #B8**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **TD** ☐ Delete
NAME **SELIGMAN, SHIRLEY**
STREET ADDRESS **4505 SW 89 AVENUE**
CITY-ST-ZIP **MIAMI FL 33165**

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

TITLE **AS** ☐ Delete
NAME **SMITH, LINDA M**
STREET ADDRESS **11900 BISCAYNE BLVD. SUITE 503**
CITY-ST-ZIP **MIAMI FL 33181**

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

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 REQUIRED

4/12/03

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CR2E037 (10/02)