

2001 UNIFORM BUSINESS REPORT (UBR)

2/28/01

FILED
Apr 10, 2001 8:00 am
Secretary of State

02-28-2001 90046 037 ****61.25

DOCUMENT # N45518

1. Entity Name

GUARDIANSHIP AND CASE MANAGEMENT SERVICES, INC.

Principal Place of Business

Mailing Address

5555 BISCAYNE BLVD
 MIAMI FL 33137
 US

5555 BISCAYNE BLVD
 MIAMI FL 33137
 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 **65-0350873**
58-0830562

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MESSER, MICHAEL E.
5555 BISCAYNE BLVD
MIAMI FL 33137

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]*

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

(NOTE: Registered Agent signature required when reinstating)

1/12/01

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 NAME	PD SLACHTER, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	5555 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	SD SALAZAR, HELEN	<input type="checkbox"/> Delete
STREET ADDRESS	5555 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	TD HORWICH, MITCHELL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1541 SUNSET DR #202	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE NAME	XX	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD, Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	David Slachter	
CITY-ST-ZIP	5555 Biscayne Blvd. Miami FL 33137	
TITLE NAME	SD, Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Helen Salazar	
CITY-ST-ZIP	5555 Biscayne Blvd, Miami, FL 33137	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Officer, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Julian Goldstein	
CITY-ST-ZIP	5555 Biscayne Blvd. Miami, FL 33137	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* **Michael E. Messer**
Ex. Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25987 (10/00)