

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006301

1. Entity Name

COMPREHENSIVE TREATMENT CENTER OF SOUTH FLORIDA, INC.

Principal Place of Business

4160 WEST 16TH AVE
SUITE 302
HIALEAH FL 33012

Mailing Address

4160 WEST 16TH AVE
SUITE 302
HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90038 018 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0875322

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

HERNANDEZ, ARTURO F
4160 WEST 16TH AVE
SUITE 302
HIALEAH FL 33012

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	D	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, IVAN A	
STREET ADDRESS	4129 W 7 LANE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROBERTO, ANN M	
STREET ADDRESS	9500 SW-29TH ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, CRISTINA MANUELY	
STREET ADDRESS	150 NW 19TH AVE	
CITY-ST-ZIP	MIAMI FL 33012	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, IVAN A MD	
STREET ADDRESS	7706 SW 74 LANE	
CITY-ST-ZIP	MIAMI FL 33148	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAUSA, IVAN A	
STREET ADDRESS	125 SZW 130 AVE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ, MARIA E MS	
STREET ADDRESS	4437 W FLAGLER APT 3	
CITY-ST-ZIP	MIAMI FL 33134	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hernandez, Arturo F.	
STREET ADDRESS	4129 West 7 Lane	
CITY-ST-ZIP	Hialeah, Florida 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Silvia Rodriguez	
STREET ADDRESS	150 NW 19th Avenue	
CITY-ST-ZIP	Miami, Florida 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Exec Director

Jan. 08, 2002 (305)825-7770

0015013

CR2E037 (9/01)