

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90087 021 ****70.00

DOCUMENT # N99000001937

1. Entity Name

METATHERAPY SOUTH DADE HOUSING FOR HOMELESS, INC

Principal Place of Business

27940 S DIXIE HWY
NARANJA FL 33032
US

Mailing Address

PO BOX 901330
HOMESTEAD FL 33090
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

23-7400277

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

SIMON, STEVEN C
465 NE 50TH TERR
MIAMI FL 33137

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

Steven C. Simon

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/01

**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
NAME
STREET ADDRESS
CITY-ST-ZIP

BCD
WALKER, WILLIAM H JR
1550 N KROME AVE
HOMESTEAD FL 33030

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VCD
IVY, CURT
790 N HOMESTEAD BLVD
HOMESTEAD FL 33030

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
PERRY, ELIZA
425 NW 16TH ST
HOMESTEAD FL 33030

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TAD
MIHAL, DENISE
160 NW 13TH ST
HOMESTEAD FL 33030

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MD
SONNABEN, ALAN
300 ATLANTIC BLVD
KEY BISCAYNE FL 33149

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MD
ROLLE, AL
4 S KROME AVE
HOMESTEAD FL 33030

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BCD
Steven C. Simon
74 15th St #1
Miami Beach FL 33139

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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:

Steven C. Simon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/23/01

Daytime Phone #

305-247-1949

CR2E037 (10/00)