

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

02-12-2001 90211 014 ****61.25

DOCUMENT # N99000004133

1. Entity Name

ADVANCED MENTAL ADDICTION REHABILITATION CENTER ✓

Principal Place of Business

Mailing Address

100 BEACOM BOULEVARD
MIAMI FL 33135100 BEACOM BOULEVARD
MIAMI FL 33135

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

65-0939247

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CORTEGUERA, RUBEN
100 BEACOM BOULEVARD
MIAMI FL 33135

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. 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	PD	<input type="checkbox"/> Delete
NAME	GONZALEZ, LEONOR	
STREET ADDRESS	100 BEACOM BOULEVARD	
CITY-ST-ZIP	MIAMI FL 33135	

TITLE	VD	<input type="checkbox"/> Delete
NAME	CORTEGUERA, RUBEN	
STREET ADDRESS	100 BEACOM BOULEVARD	
CITY-ST-ZIP	MIAMI FL 33135	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, JUAN I	
STREET ADDRESS	100 BEACOM BOULEVARD	
CITY-ST-ZIP	MIAMI FL 33135	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	RUBEN CORTEGUERA PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100 BEACOM BOULEVARD	
STREET ADDRESS	MIAMI FL 33135	
CITY-ST-ZIP		

TITLE	LEONOR GONZALEZ VD/SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100 BEACOM BOULEVARD	
STREET ADDRESS	MIAMI FL 33135	
CITY-ST-ZIP		

TITLE	ALVARO GONZALEZ "D"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	20300 SW 114 AVE	
STREET ADDRESS	CUTLER RIDGE, 33189	
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		

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-01 (305) 541-3323

CR2E037 (10/00)