

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700000010284

1. Entity Name  
COMPLETE CARE BIRTH CENTER, INC.

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

09-10-2001 90057 007 \*\*\*550.00

Principal Place of Business  
17620 NE 8 PLACE  
NO. MIAMI BEACH, FL  
33162

Mailing Address  
17620 NE 8 PLACE  
NO MIAMI BEACH, FL  
33162

A0084352

2. Principal Place of Business  
16801 NE 6 AVE  
Suite, Apt. #, etc.

3. Mailing Address  
16801 NE 6 AVE  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
NO MIAMI BEACH, FL

City & State  
NO MIAMI BEACH, FL

4. FEI Number  
65-0982431

Applied For  
Not Applicable

Zip  
33162

Country  
USA

Zip  
33162

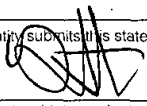
Country  
USA

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

6. Name and Address of Current Registered Agent  
DEBORAH STEIN  
17620 NE 8 PLACE  
NO. MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent  
Name  
DEBORAH STEIN  
Street Address (P.O. Box Number is Not Acceptable)  
16801 NE 6 AVE  
City  
NO MIAMI BEACH FL Zip Code  
33162

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  (NOTE: Registered Agent signature required when reinstating) DATE 8/28/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEBORAH STEIN 17620 NE 8 PLACE NO MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DEBORAH STEIN 16801 NE 6 AVE NO MIAMI BEACH, FL 33162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D KEITH STEIN 16801 NE 6 AVE NO MIAMI BEACH, FL 33162 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE:  DEBORAH STEIN 8/28/01 (305) 655-2229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)