

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90018 033 ***158.75

DOCUMENT # P00000040562

1. Entity Name

SOCIAL SERVICE COORDINATORS, INC.

Principal Place of Business

**18441 N.W. 2ND AVENUE
 SUITE 302
 MIAMI FL 33169**

Mailing Address

**18441 N.W. 2ND AVENUE
 SUITE 302
 MIAMI FL 33169**

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 **06-1590075**

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

**BAUMAN, BRYAN W
 1200 BRICKELL AVE., SUITE 1720
 MIAMI FL 33131**

Name **Michael Flaumenhaft**

Street Address (P.O. Box Number is Not Acceptable)

18441 NW 2nd Avenue, Suite 302

City

Miami

FL

Zip Code
33169

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

Michael D. Flaumenhaft

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/02

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, 2002 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 ☐ Delete
 NAME **D**
FLAUMENHAFT, ALAN
 STREET ADDRESS **18441 N.W. 2ND AVENUE, SUITE 302**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☒ Change ☐ Addition
 NAME **P**
Alan Flaumenhaft
 STREET ADDRESS **2 Schooner Lane, Unit 22**
 CITY-ST-ZIP **Milford, CT 06460**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **V**
Raymond Trevino
 STREET ADDRESS **P.O. Box 21, Indian Neck Lane**
 CITY-ST-ZIP **Peconic, NY 11958**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Alan Flaumenhaft
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02
 Date

203-876-0355
 Daytime Phone #

CR2E034 (9/01)