

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P00000040562

1. Entity Name

SOCIAL SERVICE COORDINATORS, INC.

03 APR -7 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

700015325747
04/07/03--01002--017 **150.00

2. Principal Place of Business 18441 NW 2nd Avenue		3. Mailing Address 18441 NW 2nd Avenue	
Suite, Apt. #, etc. Suite 302		Suite, Apt. #, etc. Suite 302	
City & State Miami, FL		City & State Miami, FL	
Zip 33169	Country	Zip 33169	Country

4. FEI Number 06-1590075	Applied For Not Applicable
-----------------------------	-------------------------------

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	-----------------------------------

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name CORPCO, INC.	
Street Address (P.O. Box Number is Not Acceptable) 2699 S. Bayshore Drive, 7th Floor	
City Miami	FL Zip Code 33133

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 *Alan Flaumenhaft* Vice Pres of Corpc 2-25-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P/D FLAUMENHAFT, ALAN 2 Schooner Lane, #22 Milford, CT 06460	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V/D TREVINO, RAY P.O. Box 21, Indian Neck Lane Peconic, NY 11958	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FABIANO, LEONARD 18441 NW 2nd Avenue, Ste 302 Miami, FL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D/S/T FLAUMENHAFT, MICHAEL 18441 NW 2nd Ave, Ste 302 Miami, FL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FLAUMENHAFT, CAROL 18441 NW 2nd Ave, Ste 302 Miami, FL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BERADO, JOE 18441 NW 2nd Ave, Ste 302 Miami, FL	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Alan Flaumenhaft*, Alan Flaumenhaft, President

3/5/03
Date

Daytime Phone #

CR2ED34B (12/01)

gr 4/5