

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000032095

1. Entity Name

CLINICAL SOCIAL SERVICES, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90010 032 ***150.00

Principal Place of Business

Mailing Address

1140 W 50TH STREET
 #303
 HIALEAH FL 33012

5011 SW 199TH AVENUE
 FT LAUDERDALE FL 33332-1001
 US

2. Principal Place of Business

3. Mailing Address

1140 West 50th Street
 Suite, Apt. #, etc. 203

5011 S.W. 199th Ave.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Hialeah, Florida

Fort Lauderdale, FL

4. FEI Number

65-0404506

Applied For

Not Applicable

Zip

Country

Zip

Country

33012 U.S.

33332 U.S.

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

COLON, MELVA
 1140 W 50TH STREET
 #303
 HIALEAH FL 33012

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

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, 2000 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 PD
 NAME COLON, MELVA
 STREET ADDRESS 1140 W 50TH STREET #303
 CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-00 (305)231-8787

CR2E034 (9/99)