

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90235 009 ***150.00

DOCUMENT # P93000032095

1. Entity Name

CLINICAL SOCIAL SERVICES, INC.

Principal Place of Business

1140 W 50TH STREET
203
HIALEAH FL 33012

Mailing Address

1140 W 50TH STREET
203
HIALEAH FL 33012
US

2. Principal Place of Business

1140 W 50th Street

3. Mailing Address

1140 W 50th Street

Suite, Apt. #, etc.

Suite 203

Suite, Apt. #, etc.

Suite 203

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33012 U.S.

Zip

33012 U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLON, MELVA
1140 W 50TH STREET
~~203~~ #203
HIALEAH FL 33012

Please make
corrections.
Thank you
m.c.

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, 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	PD COLON, MELVA 1140 W 50TH STREET 203 203 HIALEAH FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melva Colon

4-16-01

Date

Daytime Phone #

(305) 231-8787

CR2E034 (10/00)