

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90361 005 ***150.00

0112736

DOCUMENT # P93000084794

1. Entity Name

NORTH MIAMI BEACH COUNSELORS, INC.

Principal Place of Business

Mailing Address

9350 W. BAY HARBOR DR.
 BAY HARBOR FL 33154
 US

C/O H. FRIEDMAN CPA
 11420 WAYNE DR.
 COOPER CITY FL 33026

2. Principal Place of Business

3. Mailing Address

Same 9350 W. Bay Harbor Dr.
34



DO NOT WRITE IN THIS SPACE

Suite, Apt., etc.

Suite, Apt., etc.

State

City & State

Miami FL

4. FEI Number **65-0437358**

Applied For
 Not Applicable

Zip Country

33154 USA

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

FASS, CAROL
9350 W. BAY HARBOR DR.
BAY HARBOR FL 33154

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 **D** ☐ Delete
 NAME **FASS, CAROL**
 STREET ADDRESS **9350 W. BAY HARBOR DR.**
 CITY-ST-ZIP **BAY HARBOR FL 33154**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

Carol Fass

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-01

Date

305-861-3662

Daytime Phone #

CR2E034 (10/00)