

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90284 018 ***150.00

DOCUMENT # P94000015488

1. Entity Name

AFFILIATED COUNSELING CENTERS, INC.



Principal Place of Business
6713 MAIN STREET, SUITE 239
MIAMI LAKES FL 33014
US

Mailing Address
6713 MAIN STREET
SUITE 239
MIAMI LAKES FL 33014

2. Principal Place of Business

7590 NW 186 St Suite 208

Suite, Apt. #, etc.

Miami, FL

City & State

Zip

33015

Country

USA

3. Mailing Address

7590 NW 186 St

Suite, Apt. #, etc.

Suite 208

City & State

Miami, FL

Zip

33015

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0470674**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MALDONADO, MARY
16360 NW 11TH ST.
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MALDONADO, MARY**
STREET ADDRESS **16360 NW 11TH ST.**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Maldonado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/03
Date

3053628326
Daytime Phone #

CR2E034 (10/02)