

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90067 043 ***150.00

DOCUMENT # **P97000099570**

1. Entity Name

ADDICTION AND PSYCHIATRIC CASE MANAGEMENT, I

Principal Place of Business

Mailing Address

~~3 SEAWARD CT.~~
~~COLD SPRING HARBOR NY 11724~~

~~3 SEAWARD CT.~~
~~COLD SPRING HARBOR NY 11724~~

2. Principal Place of Business

4825 N. Dixie Highway

3. Mailing Address

4825 N. Dixie Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

City & State

FT LAUDERDALE, FL

4. FEI Number

Applied For

Not Applicable

Zip

33334

Country

Zip

33334

Country

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

RUSTEMOGLU, AGOP

910 N.E. 2ND ST.

BEERFIELD BCH FL 33441

Name

Street Address (P.O. Box Number is Not Acceptable)

4825 N. Dixie Highway

City

FT LAUDERDALE FL

Zip Code

33334

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's 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	CP	☐ Delete
NAME	RUSTEMOGLU, AGOP	
STREET ADDRESS	3 SEAWARD CT.	
CITY-STATE-ZIP	COLD SPRING HARBOR NY 11724	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	4825 N. Dixie Highway	
CITY-STATE-ZIP	FT LAUDERDALE, FL 33334	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 5-1-00
DATE

800
X 771 5009
PHONE