

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90108 047 ***150.00

DOCUMENT # P99000020235

1. Entity Name

CASE MANAGEMENT CONSULTANTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 1111 BRICKELL BAY DRIVE STE. 2006 1111 BRICKELL BAY DRIVE STE. 2006
 MIAMI FL 33131 MIAMI FL 33131-2958

2. Principal Place of Business 3. Mailing Address
 2600 SW 3 Ave 2600 SW 3 Ave

Suite, Apt. #, etc.

705

City & State
 Miami FL

Zip

33129

Country
 USA

Suite, Apt. #, etc.

705

City & State
 Miami, FL

Zip

33129

Country
 USA

4. FEI Number

65-0900715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CAGAN, SCOTT L
 3225 AVIATION AVE. THIRD FLOOR
 MIAMI FL 33131-4741

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.

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

TITLE DP ☐ Delete
 NAME DEPRETORO, PATRICIA E
 STREET ADDRESS 1111 BRICKELL BAY DRIVE STE. 2006
 CITY-ST-ZIP MIAMI FL 33131

TITLE ST ☐ Delete
 NAME RODICH, JUDITH G
 STREET ADDRESS 2161 D ORANGE GROVE DRIVE
 CITY-ST-ZIP FORT LAUDERDALE FL 33324

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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

TITLE ☐ Change ☐ Addition
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 NAME
 STREET ADDRESS
 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 #

Patricia DePretoro Patricia DePretoro 4.29.2000 374-2625 (305)

CR 1034 (9/99)