

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020235

1. Entity Name

CASE MANAGEMENT CONSULTANTS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90414 018 ***150.00

0177316

Principal Place of Business

2600 SW 3 AVENUE
705
MIAMI FL 33129

Mailing Address

2600 SW 3 AVENUE
705
MIAMI FL 33129

00054983

2. Principal Place of Business

18411 NW 22 Street
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines, FL
Zip 33029 Country USA

City & State

Zip Country

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, 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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME DePretoro, Patricia E. ☒ Change ☐ Addition
STREET ADDRESS 18411 NW 22 Street
CITY-ST-ZIP Pembroke Pines, FL 33029

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

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

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

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

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

Patricia DePretoro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-01

Date

3054692104

Daytime Phone #

CR2E034 (10/00)