

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023994

1. Entity Name

SMITH MENTAL HEALTH, INC.

APPROVED
AND
FILED

Pg. 1 of 2

00 OCT 16 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

901 PROGRESSO DR.
U8
FORT LAUDERDALE FL 33304

Mailing Address

901 PROGRESSO DR.
U8
FORT LAUDERDALE FL 33304

2. Principal Place of Business

8930 W STATE AVE BY
Suite, Apt. #, etc.

3. Mailing Address

8930 W STATE AVE BY
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DAVIE, FLORIDA

City & State

DAVIE, FLORIDA

4. FEI Number

65-092486

Applied For

Not Applicable

Zip

33324

Country

BRUNSWICK

Zip

33324

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROENNIMAN, MARGARET, ESQ
25 SOUTHEAST SECOND AVE
SUITE 919
MIAMI FL 33131-1538

7301 NW 4th St
Suite 108
Plantation, FLA.

7. Name and Address of New Registered Agent

Name

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

City 33317

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP
PRES BARBARA LITTLE 8930 W STATE AVE BY DAVIE, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
000003446650-8
-11/01/00--01039--014
****150.00 ****150.00

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

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

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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 lines empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E034 (5/00)

8930 W. State Road 84 #333

Davie, Florida 33324

954.979.3655

Fax: 954.935.9689

October 11, 2000

Division of Corporations
Reinstatement Division
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Late report/fee

To Whom It May Concern:

I am sending the UBR 2000 form to you today. I am aware of the lateness of this report. I apologize for the delay but I would like to explain the reason for this delay.

I did not receive the form (the second notice) until the end of September of this year. The report was apparently held up somewhere due to the "forwarding address".

In the process of starting up the Corporation last year, and the subsequent move from the original office and getting established with a new accountant the form was neglected. I did not get the original form.

I was told by your office to submit this letter with the original fee of \$150 and there would be a waiver of the late fee. I am aware this is a one time occurrence and I thank you for your consideration.

I will be readily available if any questions may come up. My daytime phone: 954-249-5959 (Cell) and the evening phone: 954-972-9418 (home).

I apologize for the oversight of this report and I will be most diligent with future reports and fees.

Thank you,

Sincerely,



Barbara E. Little MSN ARNP