

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051664

1. Entity Name

CLINICAL RESEARCH INSTITUTE OF SOUTH FLORIDA, IN

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90054 002 ***150.00

Principal Place of Business

Mailing Address

C/O SBAS
7777 N DAVE RD EXTENSION SUITE 102B
HOLLYWOOD FL 33024

C/O SBAS
7777 N DAVE RD EXTENSION SUITE 102B
HOLLYWOOD FL 33024-2523

2. Principal Place of Business

3. Mailing Address

2845 AVENTURA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

246

City & State

City & State

AVENTURA FL

4. FEI Number

Applied For

65-0929452

Not Applied For

Zip

Country

Zip

Country

33180

USA

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

CHEDIAK, MITA
7777 N DAVE RD EXTENSION SUITE 102B
HOLLYWOOD FL 33024

Name

CHARLES L Goldsmith

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

258 PARK DRIVE

City

BAL HARBOUR

FL

Zip Code

33154

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE D
NAME GOLDSMITH, CHARLES L
STREET ADDRESS 258 PARK DRIVE
CITY-ST-ZIP BAL HARBOUR FL 33154

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

TITLE
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CITY-ST-ZIP ☐ Delete

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES L. Goldsmith M.D.

Date

Daytime Phone #