

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-16-2001 90482 035 ***150.00

DOCUMENT # *P990000 51664*

1. Entity Name

CLINICAL RESEARCH INSTITUTE of South Florida Inc

Principal Place of Business

Mailing Address

SOUTH BROWARD ACCOUNTING SERVICE, INC.
7777 N. DAVIE ROAD EXT., SUITE 102B
HOLLYWOOD, FL 33024

2. Principal Place of Business

3. Mailing Address

2845 AVENTURA BLVD
246

Suite, Apt. #, etc.

City & State

AVENTURA FL

City & State

SOUTH BROWARD ACCOUNTING SERVICE, INC.
7777 N. DAVIE ROAD EXT., SUITE 102B
HOLLYWOOD, FL 33024

Zip

33180

Country

USA

Zip

33024

Country

USA

4. FEI Number

Applied For

Not Applicable

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

GOLD SMITH, CHARLES L
2845 AVENTURA BLVD 246
AVENTURA FL 33180

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

4/4/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>D</i> <i>CHARLES L. GOLD SMITH</i> <i>2845 AVENTURA BLVD 246</i> <i>AVENTURA, FL 33180</i> | <input type="checkbox"/> Delete |
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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

4/4/01

Date

Daytime Phone #

CR2E034 (11/00)