

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000051664

FILED  
Jan 28, 2002 8:00 AM  
Secretary of State

**Entity Name:** CLINICAL RESEARCH INSTITUTE OF SOUTH FLORIDA, INC.

## Current Principal Place of Business:

2845 AVENTURA BLVD  
#246  
AVENTURA, FL 33180 US

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

C/O SOUTH BROWARD ACCT SRVC  
1152 N UNIVERSITY DR STE 202  
PEMBROKE PINES, FL 33024

FEI Number: 65-0929452

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOLDSMITH, CHARLES L  
2845 AVENTURA BLVD #246  
AVENTURA, FL 33180

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ( ).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GOLDSMITH, CHARLES L  
Address: 2845 AVENTURA BLVD #246  
City-St-Zip: AVENTURA, FL 33180

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES L GOLDSMITH

D

01/28/2002

Electronic Signature of Signing Officer or Director

Date