

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061247

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90126 031 \*\*\*150.00

1. Entity Name  
**ALICIA D. HADIDA-HASSAN, LCSW, P.A.**

Principal Place of Business 975 ARTHUR GODFREY ROAD #302 MIAMI BEACH FL 33140	Mailing Address 975 ARTHUR GODFREY ROAD #302 MIAMI BEACH FL 33140-3329
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2. Principal Place of Business	3. Mailing Address <b>P.O. Box 402665</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>MIAMI BEACH FL</b>
Zip	Country <b>USA</b>
Country	Zip <b>33140</b>

DO NOT WRITE IN THIS SPACE:

4. FEI Number **65-0950422** | Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HADIDA-HASSAN, ALICIA**  
**975 ARTHUR GODFREY ROAD #302**  
**MIAMI BEACH FL 33140**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD HADIDA-HASSAN, ALICIA 6423 COLLINS AVENUE, 1105 MIAMI BEACH FL 33140</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 those empowered.

SIGNATURE: *ALICIA D. HADIDA-HASSAN* **ALICIA D. HADIDA-HASSAN** 1-27-2000 (305) 962-1292  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #