

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 08, 2000 8:00 am**
Secretary of State

03-08-2000 90065 043 ***150.00

DOCUMENT # S19542

1. Entity Name

CLINICAL STUDIES OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

9980 CENTRAL PARK BLVD
STE #222
BOCA RATON FL 33428
USP.O. BOX 11697
FT LAUDERDALE FL 33339-1697
US

00001000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0234635

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ANITA PAOLI KOTLER, ROMANIK LAVIN
1901 HARRISON STREET
HOLLYWOOD FL 33020

Name

Anita Paoli Kotler

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

1720 Harrison Street, Ste #6CWHollywood, FL 33020

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

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 State10. 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 PD ☐ Delete
NAME KOTLER, JON ALLEN
STREET ADDRESS 9980 CENTRAL PARK BLVD, #222
CITY-ST-ZIP BOCA RATON FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE STD ☐ Delete
NAME KOTLER, ANITA P
STREET ADDRESS 1720 HARRISON SSTRREET, SUITE 6CW
CITY-ST-ZIP HOLLYWOOD FL 33020TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3/1/2000

Date

954-925-8441

Daytime Phone #

CR2E034 (9/99)