

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90018 036 \*\*\*150.00

**DOCUMENT #** S82101  
 1. Entity Name P

**AROUND THE CLOCK HOUSE CALLS, INC.**

Principal Place of Business      Mailing Address  
 1380 NE MIAMI GARDENS DRIVE,      same  
 Suite 140  
 N.Miami Beach, FL 33179

2. Principal Place of Business      3. Mailing Address  
 same

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
 65-0284605      Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

Paul Glassman  
 1380 N.E. Miami Gardens Dr.  
 Suite 140  
 N.Miami Beach, FL 33179

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

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	DP Todd Glassman 1380 NE Miami Gardens Dr. Ste 140 N.Miami Bch, FL 33179 <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	DV Monica Glassman 1380 NE Miami Gardens Dr. Ste 140 N.Miami Bch, FL 33179 <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 like empowered.

**SIGNATURE:** *Todd Glassman*      Todd Glassman      7-1-00      305 940 9300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)