

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90199 014 \*\*\*150.00

**DOCUMENT # S82101**

1. Entity Name  
**AROUND THE CLOCK - HOUSE CALLS, INC.**

Principal Place of Business  
**1380 NE MIAMI GARDENS DR  
 SUITE 140  
 NORTH MIAMI BEACH FL 33179**

Mailing Address  
**1380 NE MIAMI GARDENS DR  
 SUITE 140  
 NORTH MIAMI BEACH FL 33179**

2. Principal Place of Business  
**2050 NE. 163 St.**

3. Mailing Address  
**2050 NE. 163 St**

Suite, Apt. #, etc.  
**102**

Suite, Apt. #, etc.  
**102**

City & State  
**NORTH MIAMI BEACH, FL.**

City & State  
**NORTH MIAMI BEACH, FL.**

Zip  
**33162**

Country  
**U.S.A.**

Zip  
**33162**

Country  
**U.S.A.**

4. FEI Number **65-0284605**

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**

**GLASSMAN, PAUL  
 1380 NE MIAMI GARDENS DR  
 SUITE 140  
 NORTH MIAMI BEACH FL 33179**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2050 NE 163 St. Suite 102**  
 City **NORTH MIAMI BEACH** FL Zip Code **33162**

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 \_\_\_\_\_ (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, 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	DP GLASSMAN, TODD 1380 NE MIAMI GARDENS DR., STE 140 NORTH MIAMI BEACH FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GLASSMAN, MONICA 1380 NE MIAMI GARDENS DR., STE 140 NORTH MIAMI BEACH FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASSMAN, AARON 1380 NE MIAMI GARDENS DR., STE 140 NORTH MIAMI BEACH FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASSMAN, ERIKA 1380 NE MIAMI GARDENS DR., STE 140 NORTH MIAMI BEACH FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4-20-01 305 940 9300  
 Date Daytime Phone #

CR2E034 (10/00)