

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.



DO NOT WRITE IN THIS SPACE

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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
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

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:

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

CR2E034 (10/00)