

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90082 012 ***163.75

DOCUMENT # P00000104054

1. Entity Name
CENTRAL NERVOUS SYSTEM CENTER, INC.

Principal Place of Business
747 PONCE DE LEON BLVD #609
CORAL GABLES FL 33146

Mailing Address
747 PONCE DE LEON BLVD #609
CORAL GABLES FL 33146



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
747 Ponce de Leon

3. Mailing Address
747 Ponce de Leon Blvd

Suite, Apt. #, etc.
Blvd suite 609

Suite, Apt. #, etc.
Suite 609

City & State
Coral Gables Fl.

City & State
Coral Gables Fl.

4. FEI Number **65-1053392**

Applied For
 Not Applicable

Zip
33134

Country
Miami-Dade

Zip
33134

Country
Miami-Dade

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

SABATES, CESAR R
747 PONCE DE LEON BLVD #609
CORAL GABLES FL 33146

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.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 GUILLEN, RAMIRO 3100 SALLY DRIVE VESTAL NY 13850	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PUPO-GUILLEN, MARILYN 3100 SALLY DRIVE VESTAL NY 13850	<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"/> 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
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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

2/8/02 305-205-4012
 Date Daytime Phone #

CR2E034 (9/01)