

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90158 027 \*\*\*158.75

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**DOCUMENT # P00000104054**

1. Entity Name  
**CENTRAL NERVOUS SYSTEM CENTER, INC.**



Principal Place of Business  
**747 PONCE DE LEON BLVD  
SUITE 609  
CORAL GABLES FL 33134**

Mailing Address  
**747 PONCE DE LEON BLVD  
SUITE 609  
CORAL GABLES FL 33134**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1053392**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>GUILLEN, RAMIRO</b>	
STREET ADDRESS	<b>3100 SALLY DRIVE</b>	
CITY-ST-ZIP	<b>VESTAL NY 13850</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> Delete
NAME	<b>PUPO-GUILLEN, MARILYN</b>	
STREET ADDRESS	<b>3100 SALLY DRIVE</b>	
CITY-ST-ZIP	<b>VESTAL NY 13850</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

*Ramiro Guillen*  
President

3/29/03

305-341-0515

Date

Daytime Phone #

CR2E034 (10/02)