

1 of 2

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUN 14 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JA

2002 UBR

JA

DOCUMENT # **P010000062811**
1. Entry Name
Alina Gastesi-de Armas, MS, MA, LMHC, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**2645 Executive Park Dr. Suite 118
Weston, FL 33332**
3. Mailing Address
**3822 Pine Lake Dr.
Weston, FL 33332**

4. FEI Number
65-1115085

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name **Oscar de Armas**
Street Address (P.O. Box Number is Not Acceptable) **3822 Pine Lake Drive**
City **Weston** FL **33332**

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 *Alina Gastesi-de Armas*

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
State Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **President**
NAME **Alina Gastesi-de Armas**
STREET ADDRESS **3822 Pine Lake Drive**
CITY-ST-ZIP **Weston, FL 33332**

TITLE **Secretary**
NAME **Oscar de Armas**
STREET ADDRESS **3822 Pine Lake Drive**
CITY-ST-ZIP **Weston, FL 33332**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900005978579--1
-06/25/02--01046-035
***467.50 ***158.75

DO NOT WRITE IN THIS SPACE

AK 158 Temp ID

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowerments.

SIGNATURE: *Alina Gastesi-de Armas*

President (954) 257-6393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

ALINA GASTESI-DE ARMAS, MS, MA, LMHE, P.A.
DOC. # P01000062811

2052

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314


TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY


ALINA GASTESI-DE ARMAS
PRESIDENT