


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90171 023 ***150.00

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1. Entity Name
ALINA GASTESI-DE ARMAS, MS, MA, LMHC, P.A.



Principal Place of Business
**2645 EXECUTIVE PARK DR., STE. 118
WESTON FL 33331**

Mailing Address
**3822 PINE LAKE DRIVE
WESTON FL 33332**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1115085** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**DE ARMAS, OSCAR
3822 PINE LAKE DRIVE
WESTON FL 33332**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	P GASTESI-DE ARMAS, ALINA 3822 PINE LAKE DRIVE WESTON FL 33332	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Alina Gastesi-de Armas 2645 Executive Park Drive Weston, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE ARMAS, OSCAR 3822 PINE LAKE DRIVE WESTON FL 33332	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Alina Gastesi-de Armas* **Alina Gastesi-de Armas** 1/14/03 9542576393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)