2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084155

1. Entity Name

LATIN-PSYCH OF THE PALM BEACHES, INC.

FILED
Jul 17, 2000 8:00 am
Secretary of State
07-17-2000 90005 020 ***550.00

Principal Place of Business	Mailing Address
5079 SOCIETY PLACE WEST. APT E WEST PALM BEACH FL 33415	5079 SOCIETY PLACE WEST. APT E WEST PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2247 PALM BEACH LAKES BLVD	P.O. BOX 17069
Suite, Apt. #, etc. SUITE 106	Suite, Apt. #, etc.
City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FLORIDA
Zip 33409 / Country USA	Zip 33416-7069 / Country USA

4. FEI Number 65-0789015 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CABRAL, CESAR R
5079 SOCIETY PLACE WEST, APT E
WEST PALM BEACH FL 33415

7. Name and Address of New Registered Agent

Name N/A

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 N/A
Signature, typed or printed name of registered agent and title if applicable. (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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	P CABRAL, CESAR R. S 5079 SOCIETY PL W, APT E WEST PALM BEACH FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT CABRAL, CESAR R. J 5079 SOCIETY PL W, APT E WEST PALM BEACH FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CABRAL, MARIA I. 5079 SOCIETY PL W, APT E WEST PALM BEACH FL 33415	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: CESAR R. CABRAL S. 7/10/00 (561)712-8821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #