2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State
04-12-2000 90176 025 ***158.75

DOCUMENT # P99000003988

1. Entity Name

NADAL & VARONA COUNSELING SERVICES, INC.

Principal Place of Business	Mailing Address
900 WEST 49TH STREET 5TH FLOOR HIALEAH FL 33012	900 WEST 49TH STREET 5TH FLOOR HIALEAH FL 33012-3402

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	900 West 49th st.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 522
City & State	City & State Hialeah, Fl.
Zip / Country	Zip 33012 / Country

4. FEI Number 650887364 ☐ Applied For ☐ Not Applicable

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
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	Name Nadal, Maribel Street Address (P.O. Box Number is Not Acceptable) 900 West 49th st Suite 522 City Hialeah FL Zip Code 33012

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 Maribel Nadal DATE 4/08/00

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, 2000 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	PSD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VARONA, MONICA	NAME	
STREET ADDRESS	900 WEST 49TH STREET	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	CITY-ST-ZIP	
TITLE	VTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NADAL, MARIBEL	NAME	
STREET ADDRESS	900 WEST 49TH STREET	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: Monica Varona Monica Varona 4/08/00 305-698-7525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #