

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 731114**

1. Entity Name

METATHERAPY INSTITUTE, INC.**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 90087 020 ****70.00

Principal Place of Business

27940 SOUTH DIXIE HWY.
NARANJA FL 33032
US

Mailing Address

27940 SOUTH DIXIE HWY.
NARANJA FL 33032
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7400277

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

SIMON, STEVEN C
27940 SOUTH DIXIE HWY.
NARANJA FL 33032

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ED
SIMON, STEVEN C
27940 SOUTH DIXIE HWY.
NARANJA FL 33032 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
WALKER, WILLIAM JR.
FNB OF HOMESTEAD, 1550 N. KROME AVE.
HOMESTEAD FL 33030 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
PERRY, ELIZA
COUNCIL WOMEN, 425 N.W. 16TH ST.
HOMESTEAD FL 33030 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
IVY, CURT
CITY MANAGER, 790 N. HOMESTEAD BLVD.
HOMESTEAD FL 33030 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MIHAL, DENISE
HOMESTEAD HOSPITAL, 160 N.W. 13TH ST.
HOMESTEAD FL 33030 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROLLE, AL
POLICE CHIEF, 4 S. HOMESTEAD AVE.
HOMESTEAD FL 33030 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 617, 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:

SEAL REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)