

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90579 046 ****70.00

DOCUMENT # 731114

1. Entity Name

METATHERAPY INSTITUTE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

27940 SOUTH DIXIE HWY.

Suite, Apt. #, etc.

3. Mailing Address

27940 SOUTH DIXIE HWY.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NARANJA FL

City & State

NARANJA FL

4. FEI Number

23-7400277

Applied For

Not Applicable

Zip

33032

Country

USA

Zip

33032

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

STEVEN C. SIMON

Street Address (P.O. Box Number is Not Acceptable)

336 NW 5 STREET

City MIAMI

FL

Zip Code

33128

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

Steve Simon

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

4-12-02

FEE IS \$61.25
Initial or Amended UBR

9. 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

D
SIMON, STEVEN C.
336 NW 5 STREET
MIAMI FL 33128

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CD
WALKER, WILLIAM JR.
FNB 6F HOMESTEAD, 1550 N. KROME AVE.
HOMESTEAD FL 33030

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
PERRY, ELIZA
COUNCILWOMAN, 425 NW 16 STREET
HOMESTEAD FL 33030

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VCD
IVY, CURT
CITY MANAGER, 790 N. HOMESTEAD BLVD.
HOMESTEAD FL 33030

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
MIHAL, DENISE
HOMESTEAD HOSPITAL, 160 NW 13 ST.
HOMESTEAD FL 33030

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ROLLE, AL
POLICE CHIEF, 4. SOUTH HOMESTEAD AVE.
HOMESTEAD FL 33030

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Steve Simon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE SIMON

4-12-02

Date

Daytime Phone #

(305) 247-1949

CR2E037B (12/01)