

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90033 041 ***150.00

DOCUMENT # **G8064**

1. Entity Name

INTERNATIONAL UNIVERSITY OF PSYCHOLOGY, INC

Principal Place of Business

**11789 SW 5th Ave. 18th Fl
 Miami, FL 33145**

Mailing Address

**11789 SW 18th Ave
 Miami, FL 33145**

2. Principal Place of Business

**11789 SW 18th Ave
 Suite, Apt. #, etc.
 #5**

3. Mailing Address

**11789 SW 18th Ave
 Suite, Apt. #, etc.
 #5**

City & State
Miami, FL

City & State
Miami, FL

Zip
33145

Country

Zip

FL 33145 USA

4. FEI Number

05-0270168

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HANDEE GARCIA
 11789 SW 18th Ave #5
 Miami, FL 33145**

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.

SIGNATURE

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 \$150.00

After MAY 1, 2001 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

TITLE **Pres**
 NAME **GARCIA, HANDEE**
 STREET ADDRESS **11789 SW 18th Ave #5**
 CITY-ST-ZIP **Miami, FL 33145**

TITLE **VP**
 NAME **RAFAEL DOMESTIANO A.**
 STREET ADDRESS **11789 SW 18th Ave #5**
 CITY-ST-ZIP **Miami, FL 33145**

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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 CITY-ST-ZIP

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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: **HANDEE GARCIA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)