

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0047813 AV

**DOCUMENT # H18119**

1. Entity Name  
**REVA S. WISEMAN, PHD PA**



FILED  
03 SEP 22 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**6601 SW 80 STREET  
# 201  
MIAMI FL 33143**

Mailing Address  
**6601 SW 80 STREET  
# 201  
MIAMI FL 33143**



2. Principal Place of Business  
**6601 S.W. 80<sup>TH</sup> ST  
Suite, Apt. #, etc.  
# 202  
City & State  
SOUTH MIAMI FL  
Zip  
33143 Country  
USA**

3. Mailing Address  
**6601 S.W. 80<sup>TH</sup> ST  
Suite, Apt. #, etc.  
# 202  
City & State  
SOUTH MIAMI FL  
Zip  
33143 Country  
USA**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**WISEMAN, H.A.B.  
6601 SW 80TH ST  
SUITE 201  
MIAMI FL 33143**

4. FEI Number **50-2491784** Applied For  
**59-058-5093** Not Applicable

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

7. Name and Address of New Registered Agent  
Name **REVA S. WISEMAN PHD**  
Street Address (P.O. Box Number is Not Acceptable)  
**508 CALIGULA AVE.**  
City **CORAL GABLES FL** Zip Code **33146**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Reva S. Wiseman** **REVA S. WISEMAN** DATE **9/18/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DR WISEMAN, REVA S. 508 CALIGULA CORAL GABLES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DR WISEMAN, H. A. B. 508 CALIGULA CORAL GABLES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>300023362843</b>		
<b>09/26/03--01053--007 **150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: **REVA S. WISEMAN** DATE **9/18/03** **(305) 162-1789**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)

Reva Wiseman, Ph.D., ASCW, BCD  
Individual, Marital & Family Therapy

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THE PROFESSIONAL CENTER • SUITE 202 • 6601 S.W. 80TH STREET • SOUTH MIAMI, FLORIDA 33143

September 18, 2003

Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sirs/Madams:

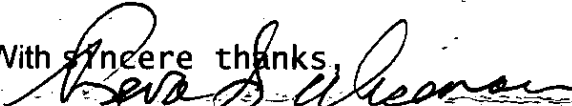
I am writing in reference to the enclosed Uniform Business Report for 2003. The enclosed document is the first correspondence that has been received by this office in reference to payment for 2003. Previously the name of the business was R & D Systems, Inc. The name was changed to Reva S. Wiseman, PhD, PA in 2002.

As director, I first received this notice when I returned from a two-month absence to find the delinquency notice in my accumulated mail. I was not aware that the fee was due in May, or I certainly would have paid it before leaving.

The problem may well lie in the fact that there are two errors in the mailing address which may have interfered with delivery of the first notice. They have been corrected on the enclosed form.

I am enclosing a check for \$150.00 as instructed on the information sheet. An acknowledgment that the situation has been resolved would be very much appreciated.

With sincere thanks,

  
Reva S. Wiseman, Ph.D.