

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K09181

FILED
Feb 05, 2002 8:00 AM
Secretary of State

Entity Name: MIAMI FLUENCY CLINIC, INC.

Current Principal Place of Business:

11430 N. KENDALL DRIVE, SUITE 109
%THOMAS F. MORANTE
MIAMI, FL 33176

New Principal Place of Business:

11240 N. KENDALL DRIVE
SUITE 204
MIAMI, FL 33176

Current Mailing Address:

11430 N. KENDALL DRIVE, SUITE 109
%THOMAS F. MORANTE
MIAMI, FL 33176

New Mailing Address:

11240 N. KENDALL DRIVE
SUITE 204
MIAMI, FL 33176

FEI Number: 65-0182751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORANTE, THOMAS F.
777 BRICKELL AVE SUITE 500
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ().

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: SPLITTER, MARIANNE
Address: 3120 PADDOCK ROAD
City-St-Zip: FT. LAUDERDALE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIANNE SPLITTER

DPT

02/05/2002

Electronic Signature of Signing Officer or Director

Date