

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K25773

1. Entity Name

SHERILYN M. ADLER, PH.D., P.A.

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90005 044 \*\*\*150.00

Principal Place of Business

7241 SW 63TH AVE  
 202  
 S MIAMI FL 33143  
 US

Mailing Address

7241 SW 63RD AVE  
 202  
 MIAMI FL 33143  
 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 **65-0059492**

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

DE CUBAS, RAUL E.  
 7241 SW 63RD AVE  
 202  
 MIAMI FL 33143

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 \$550.00.**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **ADLER, SHERILYN M.**  
 STREET ADDRESS **7241 SW 63RD AVE, SUIT 202**  
 CITY-ST-ZIP **S MIAMI FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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:

*SHERILYN M. ADLER, PH.D., P.A.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 11, 2000*  
 Date

*305-662-5822*  
 Daytime Phone #

CP2E034 (5/00)

attach. doc #  
R 25773

A0075857

SHERILYN M. ADLER, Ph.D., P.A.  
7241 S.W. 63rd AVENUE, SUITE 202  
SOUTH MIAMI, FLORIDA 33143  
(305) 662-5822

September 1, 2000

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

Re: 2000 Uniform Business Report  
Document #K25773

To Whom It May Concern:

This letter is being submitted as an apology and explanation for the late submission of the above-referenced UBR. For some reason, I did not receive the initial notification and form in the mail as usual. Enclosed, please find both the UBR form and payment for same.

I have never been late with filing or payment of the UBR prior to this incident. It is my hope that you will review my corporate history and accept the enclosed form and accompanying check as meeting your requirements.

Thank you for giving this consideration.

Sincerely,

*Sherilyn M. Adler, PhD*  
Sherilyn M. Adler, Ph.D.  
Licensed Psychologist PY0003712

SMA:me  
encls.