

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90041 017 \*\*\*150.00

0043259 AV

**DOCUMENT # K25823** L-18

1. Entity Name  
**MERCEDES M. DE CUBAS PH.D., P.A.**

Principal Place of Business <b>7241 SW 63RD AVENUE                  SUITE 202                  S. MIAMI FL 33143                  US</b>	Mailing Address <b>7241 SW 63RD AVENUE                  SUITE 202                  S. MIAMI FL 33143                  US</b>
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**60075384**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number <b>65-0058401</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**DE CUBAS, RAUL E.  
 7241 SW 63RD AVENUE  
 SUITE 202  
 S. MIAMI FL 33143**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee 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	
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DE CUBAS, MERCEDES M.</b>
STREET ADDRESS	<b>7241 SW 63RD AVE SUITE 202</b>
CITY-ST-ZIP	<b>S. MIAMI FL 33143</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Mercedes M. De Cubas* **7/17/01** **305-662-3822**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** Date Daytime Phone #

CR2E034 (5/01)

Attachment # K 25823  
C0073984

July 17, 2001

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

To Whom It May Concern,

I am enclosing my Uniform Business Report for 2001 which I recently received in the mail. Please note that I never received the original application which I usually receive. It is possible that because I have spent quite some time travelling, my mail has been misplaced.

I would like to ask your indulgence in this matter as I typically file in a timely manner, and I have never requested special consideration.

I will be most appreciative of your consideration. I am enclosing the original fee of \$150.00 hoping for your favorable decision. I am sure this will not happen again.

Respectfully submitted,

*Mercedes M. de Cubas, Ph.D.*  
Mercedes M. de Cubas, Ph.D.  
Licensed Psychologist PY0003569