

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90097 013 *****50.00

DOCUMENT # L01000008387

1. Entity Name

MODERN THERAPY, L.L.C.

Principal Place of Business

C/O SETH E. ELLIS, P.A.
 2600 N. MILITARY TRAIL, STE. 290
 BOCA RATON FL 33431

Mailing Address

C/O SETH E. ELLIS, P.A.
 2600 N. MILITARY TRAIL, STE. 290
 BOCA RATON FL 33431

933638



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1680 Meridian Ave.

3. Mailing Address

1680 Meridian Ave.

Suite, Apt. #, etc.

Suite 612

Suite, Apt. #, etc.

Suite 612

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33139

Country

Zip

33139

Country

4. FEI Number

65-1107623

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ELLIS, SETH E ESQ.
 2600 N. MILITARY TRAIL, STE. 290
 SETH E. ELLIS, P.A.
 BOCA RATON FL 33431

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGR
 WHITE, MARK
 1900 SUNSET HARBOR #1507
 MIAMI BEACH FL 33139 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Managing Member
 Murida, Javier
 1680 Meridian Ave, Suite 612
 Miami Beach FL 33139 ☒ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGR
 White Mark
 1680 Meridian Ave, Suite 612
 Miami Beach, FL 33139 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

James M. White

03/07/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (9/01)