

2002 UNIFORM BUSINESS REPORT.(UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-22-2002 90318 025 ***150.00

DOCUMENT # M04484

1. Entity Name

DIRECT PSYCHOANALYTIC INSTITUTE, INC.

Principal Place of Business

Mailing Address

~~225 SW 11TH AVE~~
~~MIAMI FL 33174-1137~~
~~US~~
11789 SW 18 St
Unit 5
Miami, FL 33165

11789 SW 18TH ST.
#5
MIAMI FL 33165
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0270411**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

~~GARCIA, HAYDEE~~

Haydee Garcia

~~11245 SW 7TH AVE~~

11789 SW 18th. St

~~MIAMI FL 33165~~

Unit 5

Miami, FL 33165

Name

Haydee Garcia

Street Address (P.O. Box Number is Not Acceptable)

11789 SW 18th. St.,

Unit 5

City

Miami

FL

Zip Code
33165

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) ☐

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 **VD** ☐ Delete
 NAME **PORTUONDO, JUAN A.**
 STREET ADDRESS **CALLE AMIGO 38, 1ST 2ND**
 CITY-ST-ZIP **BARCELONA 21, SPAIN**

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

TITLE **STD** ☐ Delete
 NAME **GARCIA, HAYDEE**
 STREET ADDRESS **830 NW 9 ST 11789 SW 1 8th. St**
 CITY-ST-ZIP **MIAMI FL 33174-1137 Miami, FL 33165**

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

TITLE **STD** ☐ Delete
 NAME **FEURTADO, JAMES**
 STREET ADDRESS **5200 SW 8TH STREET**
 CITY-ST-ZIP **CORAL GABLES FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Haydee Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/02 (305) 559-0517

Date

Daytime Phone #

Direct Psychoanalytic Institute, Inc

Haydee Garcia
11789 SW 18th. St., Unit 5
Miami, FL 33165

Tel.: (305) 559-0517

E-Mail: Haydee_Garcia28@hotmail.com

Tuesday, May 07, 2002

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

I did filed for this corporation. The changes made in the form were necessary so you can do proper corrections:

- 1) In section 1 the address was wrong. I moved out 21 Dec 99 due to Irene's flood. Place of business and mailing address are the same.
- 2) In section 6, first name and address were wrong. They need to be corrected.
- 3) There is not new registered agent. The officers remain the same.

Please take note and make proper corrections to avoid extra paper work for your office and accelerate posting of payments. Thank you very much for your help in this matter.

Best wishes, to you all.

Haydee Garcia

Haydee Garcia

Atachment

*30930
M04484*

CHachmet
30930
#M04484

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Division of Corporations

Postage

\$

\$0.70

Certified Fee

\$

\$2.00

Return Receipt Fee
(Endorsement Required)

\$

\$0.00

Restricted Delivery Fee
(Endorsement Required)

\$

\$0.00

Total Postage & Fees

\$

\$2.70

Direct Psychoanalytic Institute Inc
Name (Please Print Clearly) (to be completed by mailer)

Division of Corporations

Street, Apt. No.; or PO Box No.

P.O. Box 6327

Tallahassee, FL 32314

PS Form 3800, July 1999

See Reverse for Instructions

7099 3408 3705 5046 9000 004E 6602

