

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90135 007 ****70.00

DOCUMENT # N02000007416

1. Entity Name

The Complete Couple, Inc.



DO NOT WRITE IN THIS SPACE

90147294

2. Principal Place of Business
3970 NW 193 Street

3. Mailing Address
3970 NW 193 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number

☐ Applied For
☒ Not Applicable

Zip
33055

Country
USA

Zip
33055

Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name Kim Albertie

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

3970 NW 193 Street

City Miami, FL

Zip Code 33055

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE President, Kim Albertie
NAME 3970 NW 193 Street
STREET ADDRESS Miami, Florida 33055
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice President, Paul Albertie
NAME 7654 NW 6 Court
STREET ADDRESS Miami, Florida 33150
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer, Eddie Rodgers
NAME 1806 NW 107 Street
STREET ADDRESS Miami, Florida 33167
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary, Vyvyan Rodgers
NAME 1806 NW 107 Street
STREET ADDRESS Miami, Florida 33167
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037B (12/02)