FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Feb 13, 2002 8:00 am § Secretary of State P00000029127 DOCUMENT # 1. Entity Name 02-13-2002 90242 046 \*\*\*150 00 GISELLE FAUBEL; PSY., D., P.A. Principal Place of Business Mailing Address 7600 S.W. 57 AVE., STE. 223 7600 S.W. 57 AVE., STE. 223 SOUTH MIAMI FL 33143 SOUTH MIAMI FL: 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1001211 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FAUBEL, GIVELLE Street Address (P.O. Box Number is Not Acceptable) 7600 S.W. 57 AVE., STE. 223 **SOUTH MIAMI FL 33143** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 TITLE ☐ Delete TITLE ☐ Addition FAUBEL, GISELLE NAME 7600 S.W. 57 AVE., STE. 223 STREET ADDRESS STREET ADDRESS **SOUTH MIAMI FL 33143** CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 acquirate 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 epipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNING OFFICER OR DIRECTOR