

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90818 047 ***150.00

DOCUMENT # P00000034029

1. Entity Name
ORLANDO J. GONZALEZ, LMHC, P.A.



Principal Place of Business
407 LINCOLN RD.,STE.#12F
MIAMI BEACH FL 33139

Mailing Address
407 LINCOLN RD.,STE.#12F
MIAMI BEACH FL 33139



2. Principal Place of Business
407 LINCOLN RD

3. Mailing Address
407 LINCOLN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE# 2F

SUITE# 2F

City & State

City & State

MIAMI BEACH, FL 33139

MIAMI BEACH, FL 33139

Zip
33139

Country
U.S.A.

Zip
33139

Country
U.S.A.

4. FEI Number **65-1003329**

Applied For
Not Applicable

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

GONZALEZ, ORLANDO J
407 LINCOLN RD.,STE.#12F
MIAMI BEACH FL 33139

Name
ORLANDO J GONZALEZ
Street Address (P.O. Box Number is Not Acceptable)
407 LINCOLN RD
SUITE# 2F
City
MIAMI BEACH **FL** Zip Code
33139

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GONZALEZ, ORLANDO J
407 LINCOLN RD.,STE.#12F
MIAMI BEACH FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/T
ORLANDO J GONZALEZ
407 LINCOLN RD, STE#2F
MIAMI BEACH, FL 33139 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, 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 #

CR2E034 (10/02)