

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90004 028 ***150.00

DOCUMENT # P00000039234

1. Entity Name

ELISA M. SALADRIGAS, PSY.D., P.A.

Principal Place of Business

**6467 SW 12TH ST.
 MIAMI FL 33144**

Mailing Address

**6467 SW 12TH ST.
 MIAMI FL 33144**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1001107

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

**SALADRIGAS, ELISA M
 6467 SW 12TH ST.
 MIAMI FL 33144**

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)

7/20/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 Make Check Payable to Department of State**

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 **D** ☐ Delete
 NAME **SALADRIGAS, ELISA M**
 STREET ADDRESS **6467 SW 12TH ST.**
 CITY-ST-ZIP **MIAMI FL 33144**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/01

Date

(305) 269-0405

Daytime Phone #

0043533 AV

CR2E034 (5/01)

Attachment
DA#P000003923
A009573

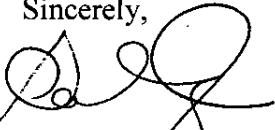
July 20th, 2001

To whom it may concern:

I am writing on the recommendation of an assistant that I spoke to at your agency. This is the first year that my corporation is open and I am somewhat unfamiliar with certain processes. I do not recall having received information between January and May that the Uniform Business Report was due and that I owed \$150. I apologize for my lack of awareness and, now that I am better informed, will be attentive to this duty next year. I am asking that the late fee be waived this year and, as recommended, am enclosing a check for \$150.00.

If you have any questions or concerns, please feel free to call me at (305) 269-0405.

Sincerely,



Elisa M. Saladrigas, Psy.D.
Licensed Psychologist