

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90050 023 ***150.00

DOCUMENT # **P00000040831**

1. Entity Name

INNER REFLECTION THERAPY CENTER, PA
1900 SW 24 STREET, SUITE 400
MIAMI, FL. 33145

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1900 SW 24 STREET

Suite, Apt. #, etc.

SUITE 400

City & State

MIAMI, FL.

Zip

33145

Country

USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

4. FEI Number

65-1002567

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

AIDA M IZQUIERDO

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

8882 NW 177 TERRACE

City

HALEAH

FL

Zip Code

33018

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

Aida M Izquierdo

4-17-02

Signature, typed or printed name of registered agent and when 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

| | |
|-----------------|---|
| TITLE | PD |
| NAME | AIDA M IZQUIERDO |
| STREET ADDRESS | 8882 NW 177 TERRACE, MIAMI, FL |
| CITY - ST - ZIP | 33018 |
| TITLE | VD |
| NAME | MARGARITA RODRIGUEZ |
| STREET ADDRESS | 6110 SW 24 ST., MIAMI, FL. 33144 |
| CITY - ST - ZIP | 33186 |
| TITLE | TD |
| NAME | MARTA C. CARMONA |
| STREET ADDRESS | 12011 SW 124 TERR., MIAMI, FL. |
| CITY - ST - ZIP | 33186 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
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DELETE

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE

Aida M Izquierdo

4-17-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)