

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

02-19-2001 90043 016 ***150.00

0039194 AV

DOCUMENT # P00000059178

1. Entity Name
MIAMI HEALTH CARE THERAPY CENTER INC.

Principal Place of Business
**2955 SW 8TH STREET
 STE 202
 MIAMI FL 33135**

Mailing Address
**2955 SW 8TH STREET
 STE 202
 MIAMI FL 33135**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1017505		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Not Applicable			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
FUENTES, TEOBALDO 13245 SW 253 TERRACE MIAMI FL 33032				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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	PTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FUENTES, TEOBALDO			NAME			
STREET ADDRESS	13245 SW 253 TERRACE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33032			CITY-ST-ZIP			
TITLE	SVD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FUENTES, JINA			NAME			
STREET ADDRESS	13245 SW 253 TERRACE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33032			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				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 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: *X* **SIGNED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

