

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000078415

1. Entity Name  
**MIND AND BODY THERAPEUTIC SERVICES OF FLORIDA, I**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90156 022 \*\*\*150.00

Principal Place of Business  
**200 NORTHEAST 212 STREET  
NORTH MIAMI BEACH FL 33179**

Mailing Address  
**200 NORTHEAST 212 STREET  
NORTH MIAMI BEACH FL 33179**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-1044714**

Applied For  
Not Applicable

Zip Country Zip Country

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

**TORRES, MANUEL  
200 NORTHEAST 212 STREET  
NORTH MIAMI BEACH FL 33179**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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

TITLE **P** ☐ Delete  
NAME **TORRES, MANUEL**  
STREET ADDRESS **200 NORTHEAST 212 STREET**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **Vice President** ☐ Change ☒ Addition  
NAME **ANDREA TORRES**  
STREET ADDRESS **200 NE 212 ST**  
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33179**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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 the empowered.

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

**3/28/01** **305-652-7765**  
Date Daytime Phone #

CR2E034 (10/00)