

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000112049****1. Entity Name**  
**THE IMMIGRATION CLINIC, INC.****Principal Place of Business**  
**1818 S. AUSTRALIAN AVE.**  
**SUITE 102**  
**WEST PALM BEACH FL 33409****Mailing Address**  
**1818 S. AUSTRALIAN AVE.**  
**SUITE 102**  
**WEST PALM BEACH FL 33409****2. Principal Place of Business**  
**Same as above****3. Mailing Address**  
**Same as above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number**  
**65-1077899**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****ULLOA, ROLAND ANTHONY**  
**1818 S. AUSTRALIAN AVE.**  
**SUITE 102**  
**WEST PALM BEACH FL 33409****7. Name and Address of New Registered Agent****Name**  
**Rolanda Anthony Ulloa****Street Address (P.O. Box Number is Not Acceptable)****1818 S. Australian Ave., Ste. 102****City West Palm Beach****FL** **Zip Code**  
**33409****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)

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** **D** ☐ Delete  
**NAME** **ULLOA, ROLAND ANTHONY**  
**STREET ADDRESS** **1818 S. AUSTRALIAN AVE.**  
**CITY-ST-ZIP** **WEST PALM BEACH FL 33409****TITLE** ☐ Delete  
**NAME** **Rolanda B. Regalado**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP****TITLE** ☐ Delete  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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:****SIGNATURE OF ROLAND A. ULLOA****9-5-01****561/655-6615**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0073192 AV

CR2E034 (5/01)