

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90076 018 ***150.00

DOCUMENT # P01000018475

1. Entity Name
ON-SITE THERAPY & EDUCATIONAL TRAINING, INC.

Principal Place of Business
21337 SOUTHWEST 92ND AVENUE
MIAMI FL 33189

Mailing Address
18495 SOUTH DIXIE HIGHWAY
PMB 172
MIAMI FL 33157

2. Principal Place of Business
941 N. KROME AVE

3. Mailing Address
941 N. KROME AVE

~~Suite, Apt., #, etc.~~

~~Suite, Apt., #, etc.~~

DO NOT WRITE IN THIS SPACE

City & State
HOMESTEAD, FL

City & State
HOMESTEAD, FL

4. FEI Number
65-1076406

Applied For
☐ **Not Applicable**

Zip
33030

Country
USA

Zip
33030

Country
USA

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name
CLARA CANIZARES

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

941 N. KROME AVE

City **HOMESTEAD**

FL

Zip Code
33030

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 *Clara Canizares*

4/25/02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **ACOSTA, LORENA**
STREET ADDRESS **21337 SOUTHWEST 92ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33189**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **CLARA CANIZARES**
STREET ADDRESS **21337 SW 92nd AVENUE**
CITY-ST-ZIP **MIAMI, FL 33189**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **ANA BRILLEMBOURG**
STREET ADDRESS **941 N. KROME AVENUE**
CITY-ST-ZIP **HOMESTEAD, FL 33030**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: *Clara Canizares*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)