

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000020503

1. Entity Name
PROFESSIONAL COUNSELING & DIAGNOSTIC INC.



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90255 032 ***150.00

0175779 AV

Principal Place of Business
30370 OLD DIXIE HWY
HOMESTEAD FL 33033

Mailing Address
30370 OLD DIXIE HWY
HOMESTEAD FL 33033

NEW ADDRESS
↓

NEW ADDRESS
↓

2. Principal Place of Business
815 N. HOMESTEAD BLVD.

Suite, Apt. #, etc.

SUITE 427

3. Mailing Address
815 N. HOMESTEAD BLVD.

Suite, Apt. #, etc.

SUITE 427

City & State
HOMESTEAD, FL.

City & State
HOMESTEAD, FL.

Zip
33030

Country

Zip
33030

Country

4. FEI Number 65-1077876

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

LOPINTO, JOSEPH
30370 OLD DIXIE HWY STE 182
HOMESTEAD FL 33033

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
LOPINTO, JOSEPH
30370 OLD DIXIE HWY STE 182
HOMESTEAD FL 33033 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

(305) 230 0089

Daytime Phone #

CR2E034 (10/02)