

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90158 010 ***150.00

DOCUMENT # P01000020771

1. Entity Name
GLOBAL THERAPY INSTITUTE, INC.

Principal Place of Business

489 HIALEAH DRIVE
HIALEAH FL 33010

Mailing Address

489 HIALEAH DRIVE
HIALEAH FL 33010

2. Principal Place of Business

489 Hialeah Drive

Suite, Apt. #, etc.

Suite 6

City & State

Hialeah, FL

Zip
33010

Country

MIAMI-DAGE

3. Mailing Address

489 Hialeah Drive

Suite, Apt. #, etc.

Suite 6

City & State

Hialeah, FL

Zip
33010

Country

MIAMI-DAGE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1083676

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOUTH FLORIDA MEDICAL MANAGEMENT, INC.
900 WEST 49TH STREET, SUITE 430
HIALEAH FL 33012

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

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 13, 2002 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

TITLE **PVPT** ☐ Delete
NAME **CUSUMANO, SAVERIO**
STREET ADDRESS **489 HIALEAH DRIVE**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **SD** ☐ Delete
NAME **CUSUMANO, SAVERIO**
STREET ADDRESS **489 HIALEAH DRIVE**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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
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CITY-ST-ZIP

CR2E034 (4/02)

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:

USE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #