

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 01, 2003 8:00 am**  
**Secretary of State**

0059790 AV

**DOCUMENT # P01000059903**

1. Entity Name  
**ALICIA R. VIDAL-ZAS, PSY.D., P.A.**



08-01-2003 90059 024 \*\*\*150.00

Principal Place of Business  
**1900 SW 126TH CT  
MIAMI FL 33175**

Mailing Address  
**1900 SW 126TH CT  
MIAMI FL 33175**



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

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

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **65-1118794**

Applied For  
 Not Applicable

Zip Country

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

**6. Name and Address of Current Registered Agent**

**VIDAL-ZAS, ALICIA R  
1900 SW 126TH CT  
MIAMI FL 33175**

**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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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	<input type="checkbox"/> Delete
PD	VIDAL-ZAS, ALICIA R	1900 SW 126TH CT	MIAMI FL 33175	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date Daytime Phone #

CR2E034 (4/03)

Attachment  
80135277  
P01000059903

July 28, 2003

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
P.O.Box 1500  
Tallahassee, Florida 32302-1500

Re: ALICIA R. VIDAL-ZAS, PSY.D., P.A., Uniform Business Report 2003:  
P01000059903


Dear Sirs:

This is to inform you that ALICIA R. VIDAL-ZAS, PSY.D., P.A. did not file its 2003 Annual Business Report on time because this company **never** received its 2003 Uniform Business Report. However, we are sending a new UBR form along with the payment of \$150.00 and we would like you to please waive any penalty that this may caused.

We apologize for any inconvenience this may have caused.

Thank you very much for your cooperation.

Sincerely,

  
Alicia R. Vidal-Zas  
President