

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-06-2002 90118 039 ***150.00

DOCUMENT # P01000092422

1. Entity Name

VANESSA L. VILLACIAN, PSY.D., LMHC, P.A.

Principal Place of Business

350 CAMINO GARDENS BLVD

#301

BOCA RATON FL 33432

Mailing Address

350 CAMINO GARDENS BLVD

#301

BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

74-3016844

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MORA, ORESTES R

6503 NORTH MILITARY TRAIL

#4502

BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name

Seth A. Beck, Psy.D.

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

6503 N. Military Trail #4502

City

Boca Raton FL

Zip Code

33496

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 reappointment)

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
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Vanessa L. Villacian
6503 N. Military Trail #4502
Boca Raton, FL 33496

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Orestes Robert Mora
6503 N. Military Trail #4502
Boca Raton, FL 33496

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Registered Agent, V.P.
Seth A. Beck
6503 N. Military Trail #4502
Boca Raton, FL 33496

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)