

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90163 012 ***150.00

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DOCUMENT # P01000109766

1. Entity Name
PROFESSIONAL THERAPEUTIC SYSTEMS INC.

Principal Place of Business Mailing Address
7591 SOUTH DIXIE HWY C/O Lopez Accounting
WEST PALM BEACH FL 33405



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. 4047 Okeechobee Blvd.
City & State Suite 125
West Palm Beach FL
Zip 33409 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1152689** Applied For
 Not Applicable
 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

MARTINEZ, CLARISSA
7591 SOUTH DIXIE HWY
WEST PALM BEACH FL 33405

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 *Clarissa Martinez* **Clarissa Martinez** **07/29/02**
 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. ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, CLARISSA 7591 SOUTH DIXIE HWY WEST PALM BEACH FL 33405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Clarissa Martinez* **Clarissa Martinez, Pres. 7/29/02 689-3210**

CR2E034 (4/02)

Attachment # PO1000109766
123289

PROFESSIONAL THERAPEUTIC SYSTEMS, INC.

7591 South Dixie Hwy * West Palm Beach, FL. 33405

Telephone: 561-689-3210

July 29, 2002

Florida Department of State
Division of Corporations
Tallahassee, Florida 32302-1500

Re: 2002 Uniform Business Report (UBR)

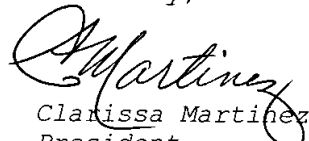
Dear Madam:

Pursuant to our telephone conversation of this morning, I have completed the attached form received today, and stop payment on our original check.

We sincerely do not understand how our original report was lost in transit to your office.

Once again, we sincerely appreciate the opportunity to renew our corporation status.

Sincerely,


Clarissa Martinez
President