

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90125 029 ***150.00

DOCUMENT # P01000111066

1. Entity Name
BITTAR THERAPY CORP.

Principal Place of Business
2892 SW 128 WAY
MIRAMAR FL 33027

Mailing Address
2892 SW 128 WAY
MIRAMAR FL 33027



2. Principal Place of Business
Same as Above

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
051155157

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOLINA, MARIA
2892 SW 128 WAY
MIRAMAR FL 33027

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 **X MARIA MOLINA**

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

(NOTE: Registered Agent signature required when reinstating)

7/12/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
NAME **MOLINA, MARIA** ☐ Delete
STREET ADDRESS **2892 SW 128 WAY**
CITY-ST-ZIP **MIRAMAR FL 33027**

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

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

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: **X MARIA MOLINA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/02 **954** **392-6182**

CR2E034 (4/02)

Attended
PO100111066 # 121921

Bittar Theraphy Corp.
2892 S.W. 128 Way
Miramar, Fl 33027

July 12, 2002

Department of State Division of Corporations
P.O.Box 1500
Tallahassee, Fl 32302-1500

Re: Payment of UBR

Please be advised that I never recived the letter requesting the payment of the annual report. Please permit me to pay the fee of \$150.00.

If you have any questions please feel free to call me.

Thanking you in advance for your help.

Sincerely,

Maria Molina
Maria Molina