

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-02-2003 90069 034 ***150.00

DOCUMENT # P02000009817

1. Entity Name
STEPHEN J. POPKO, PSY.D., P.A.



Principal Place of Business
**100 NE 15TH STREET
SUITE 208
HOMESTEAD FL 33030-4578**

Mailing Address
**100 NE 15TH STREET
SUITE 208
HOMESTEAD FL 33030-4578**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
04-3594741

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

**CADENAS, MARIA ISABEL CPA
5890 SW 82 STREET
MIAMI FL 33143**

Name **CADENAS, MARIA ISABEL CPA**
Street Address (P.O. Box Number is Not Acceptable) **1390 South Dixie Hwy #2108**
City **CORAL GABLES** FL Zip Code **33146**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **01/29/2003**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	POPKO, STEPHEN J	
STREET ADDRESS	100 NE 15TH STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030-4578	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLOCK POPKO, MARILYN	
STREET ADDRESS	100 NE 15TH STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030-4578	
TITLE	D	<input type="checkbox"/> Delete
NAME	CADENAS, MARIA ISABEL	
STREET ADDRESS	100 NE 15TH STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030-4578	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Stephen J. Popko, Psy.D., P.A.* **01/29/03 305-245-3900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (10/02)