

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

DOCUMENT # **P02000017984**

1. Entity Name
CENTRO AXIS, INC.



Principal Place of Business
**PO BOX 940156
MIAMI FL 33194-0156**

Mailing Address
**PO BOX 940156
MIAMI FL 33194-0156**

03 SEP 22 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COMPANIONI, JOSE M ESQ.
7815 CORAL WAY, STE. 111
MIAMI FL 33155**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **NOVOA, LORIANA M., Esq.**
STREET ADDRESS **7815 CORAL WAY, STE. 111**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Change ☐ Addition
NAME **200023540802**
STREET ADDRESS **10/03/03--01021--025**
CITY-ST-ZIP ****150.00**

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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)

0131155 AT

PO Box 940156
Miami, Florida 33194
305 267 1666

September 18, 2003

Florida Department of State Division of Corporations

PO Box 6327

Tallahassee, Florida 32314

RE: Axis Behavioral Health, Inc.
Research and Evaluation Consultants, Inc.
Centro Axis, Inc.

To whom it may concern:

Attached please find copies of check stubs as proof of our payment of the 2003 For Profit Corporation Uniform Business Report (UBR) last April for the above-referenced corporations.

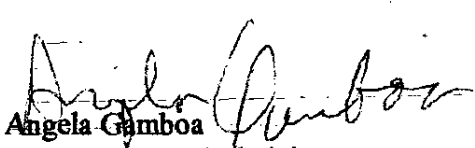
Evidently, the checks were either lost in the mail or misplaced upon receipt. We became aware of the discrepancy by checking your website and immediately contacted your offices. We were recommended to write this letter and to include the copies of the check stubs as proof of our compliance with the UBR.

We respectfully request your consideration of this matter and hope that we will not be penalized for whatever happened to stall our compliance.

Thanking you in advance.

Sincerely,


Lorraine M. Novoa, Ed.D.
Founder/Director


Angela Gamboa
Office Manager/Administrator