

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

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90230 008 ***150.00

DOCUMENT # **P02 000038238**

1. Entity Name

Advanced Therapy Solutions



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

991 East Oakland Park

Suite, Apt. #, etc.

B

City & State

Ft. Lauderdale, Florida

Zip

33334

Country

U.S.

3. Mailing Address

991 East Oakland Park

Suite, Apt. #, etc.

B

City & State

Ft. Lauderdale

Zip

33334

Country

4. FEI Number

04-3636705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Spiegel & Utrera P.A.

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

1840 SW 22nd St.

4th floor

City

Miami

FL

Zip Code

33145

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

Tracy Brooks

Tracy Brooks CEO

May 8th, 2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1st Fee is \$150.00

After May 1st Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. **CEO** OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Tracy Brooks
3020 NE 32nd Avenue
710
Ft. Lauderdale, Florida 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Tracy Brooks

May 8th, 2003

954-608-5080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034B (12/02)

Attachment
P02000038238
10103943

Dear State of Florida,

We spoke to Rob in the department state of Florida and he said we could still get the (UBR) in for the regular fee. We were not notified of the proper date that we had to file. We are sorry we are late and hope you can accept this as proper payment

Sincerely,

Tracy Brooks
