

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90152 044 \*\*\*150.00

**DOCUMENT # P02000081596**

1. Entity Name  
**THERAPEUTIC INTERVENTIONS, INC.**



Principal Place of Business  
**6767 COLLINS AVE  
APT 1806  
MIAMI BEACH FL 33141**

Mailing Address  
**6767 COLLINS AVE  
APT 1806  
MIAMI BEACH FL 33141**



2. Principal Place of Business  
**1835 W. FLAGLER**

3. Mailing Address  
**1835 W. FLAGLER**

Suite, Apt. #, etc.  
**SUITE 204**

Suite, Apt. #, etc.  
**SUITE 204**

City & State  
**MIAMI, FL.**

City & State  
**MIAMI, FLORIDA**

Zip Country  
**33135 U.S.A.**

Zip Country  
**33135 U.S.A.**

4. FEI Number  
**56-2286206**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**AURIGNAC, MICHELE  
6767 COLLINS AVE  
APT 1806  
MIAMI BEACH FL 33141**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1835 W. FLAGLER STE 204**  
City **MIAMI** FL Zip Code **33135**

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 *Michele Aurignac*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST ARUIGNAC, MICHELE 6767 COLLINS AVE, APT 1806 MIAMI BEACH FL 33141</b>	<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

**11. 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

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: *Michele Aurignac* **2/8/03 (305) 318 6899**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)