

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90070 010 ***150.00

DOCUMENT # P02000106539



1. Entity Name
MIRIAM APONTE LCSW, INC.

Principal Place of Business
7725 SW 86 STREET BLDG A-1 APT 315
MIAMI FL 33143

Mailing Address
7725 SW 86 STREET BLDG A-1 APT 315
MIAMI FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

55-0800102

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

APONTE, MIRIAM
7725 SW 86 STREET BLDG A-1 APT 315
MIAMI FL 33143

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

D
APONTE, MIRIAM
7725 SW 86 STREET BLDG A-1 APT 315
MIAMI FL 33143

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change

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☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Miriam Aponte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/03
Date

(305) 412-6332
Daytime Phone #

CR2E004 (4/03)

Attachment #
80134940

July 10, 2003

PO2000106539

To: Div. of Corporation

Enclosed is a check in the amount of "150.⁰⁰"
for initial filing fee. The corporation had not
received the initial notice mailed a few
months ago. Please waive the late fee and
accept "150⁰⁰" as the original filing fee.

Respectfully,

Miriam Aponte

Pres. Miriam Aponte, LCSW, Inc.

(305) 412-6332

July 26, 2003

Enclosed is check and "150⁰⁰"
+ correct copy of business report

Miriam Aponte