

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

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90141 041 ***150.00

0315160 AV

DOCUMENT # P02000118818

1. Entity Name
THIRD AGE THERAPY, INC.



Principal Place of Business
**4772 SW 154TH COURT
MIAMI FL 33185**

Mailing Address
**4772 SW 154TH COURT
MIAMI FL 33185**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0804320

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

**PADILLA, CONSUELO C
4772 SW 154TH COURT
MIAMI FL 33185**

7. Name and Address of New Registered Agent

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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PADILLA, CONSUELO C
4772 SW 154TH COURT
MIAMI FL 33185** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ 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:

CONSUELO PADILLA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/03
Date

305-281-6505
Daytime Phone #

CR2E034 (10/02)

Attachment

may 20/03 # 88/20759
P2000118818

To Florida Department
of Revenue.

From: Third age Therapy Inc
consuelo C Padilla
4772 SW 154th Court
Miami FL, 33185.

FET number

55-0804320.

I had a misunderstanding with
The renewal payment for my corporation.

I understood that since I started my
Corporation in november 2002. I thought
that I did not need it to Renew my corporation
until november. My accountant informed
me this week that I WAS supposed to

~~sent this payment:~~

Please accept my Payment.

Consuelo C Padilla
Third age Therapy Inc