

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91765 040 ***150.00

000001 AT

DOCUMENT # P02000125105

1. Entity Name
U & L THERAPY CENTER INC.



Principal Place of Business
**15465 SW 80 ST #106
MIAMI FL 33193**

Mailing Address
**15465 SW 80 ST #106
MIAMI FL 33193**



2. Principal Place of Business

3. Mailing Address

42 NW 27 Ave

42 NW 27 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

315

315

City & State

City & State

Miami, FL

Miami FL

Zip

Country

Zip

Country

33125

33125

4. FEI Number

54-2083868

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

**USIN, EDGARDO
15465 SW 80 ST #106
MIAMI FL 33193**

7. Name and Address of New Registered Agent

Name

Jose P Cuellar

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

12382 NW 11 Lane

City

Miami

FL

Zip Code

33182

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

TITLE **PD** ☒ Delete
NAME **USIN, EDGARDO**
STREET ADDRESS **15465 SW 80 ST #106**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **STD** ☒ Delete
NAME **LOBATO, ADRIAN**
STREET ADDRESS **3137 NW 28 ST #4**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition
NAME **Pres/D. JOSE P CUELLAR**
STREET ADDRESS **12382 NW 11 Lane**
CITY-ST-ZIP **Miami FL 33182**

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

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

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

12. I hereby certify that the information supplied with this form 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 #

4/30/03

CR2E034 (10/02)