

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000001669

1. Entity Name
MIAMI PSYCHOLOGICAL CENTER, INC.

Principal Place of Business
2701 S BAYSHORE DR
#305
COCONUT GROVE FL 33133
US

Mailing Address
2701 S BAYSHORE DR
#305
COCONUT GROVE FL 33133

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **NOT APPLICABLE** Applied For
~~# Q0-0000450~~ Not Applicable

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

6. Name and Address of Current Registered Agent

BARSKY, STEVEN
2701 S BAYSHORE DR
#305
COCONUT GROVE FL 33133

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

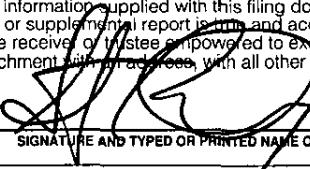
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	2701 S. BAYSHORE DRIVE #305 COCONUT GROVE FL 33133	<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
STREET ADDRESS	2701 S BAYSHORE DR, #305 COCONUT GROVE FL	<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an addressee, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01
Date

305/838-5010
Daytime Phone #