

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90566 045 ***150.00

DOCUMENT # P93000059148

1. Entity Name

INSTITUTE FOR HUMAN POTENTIAL, INC.

LA

Principal Place of Business

Mailing Address

**19501 NE 10TH AVENUE
 SUITE 305
 N. MIAMI BEACH FL 33179**

**19501 NE 10TH AVENUE
 SUITE 305
 N. MIAMI BEACH FL 33179**

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

65-0435207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*Name

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

City

FL

Zip Code

**SALAND, DEBORAH
 19501 NE 10TH AVENUE
 SUITE 305
 NORTH MIAMI BEACH FL 33179**

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. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **V** ☐ Delete
 NAME **WHETSEL, DENISE**
 STREET ADDRESS **4024 ADAM ST**
 CITY-ST-ZIP **HOLLYWOOD FL 33021-7308**

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

TITLE **P** ☐ Delete
 NAME **SALAND, DEBORAH**
 STREET ADDRESS **19501 NE 10TH AVE., 305**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment
793000059148
793706

JEWETT, SCHWARTZ & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS

CHARLES E. JEWETT, C.P.A.
MICHAEL A. SCHWARTZ, C.P.A.
MICHELLE K. HARNICK, C.P.A.
LAWRENCE H. WOLFE, C.P.A., C.V.A.

July 3, 2001

Division of Corporations
Annual Report Section
PO Box 6327
Tallahassee, FL. 32314

Ref.: Institute for Human Potential Inc
P 93 0000059148

Dear Sir or Madam:

Please be advised that the above listed company did not receive the original UBR for 2001. Enclosed please find a check in the amount for \$ 150.00 and the completed 2nd Notice. On behalf of our client we respectfully request that the Florida Department of Corporation accept this as filed timely.

Thank you in advance for your kind and prompt attention in this matter.

Sincerely,

Jewett Schwartz & Assoc CPAs
Jewett, Schwartz & Associates CPAs