

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000016128

1. Entity Name

FLORIDA INSTITUTE OF HYPNOTHERAPY INC.

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90010 011 ***150.00

Principal Place of Business

9230 SW 40TH ST.
#E
MIAMI FL 33165
US

Mailing Address

9230 SW 40TH ST.
#E
MIAMI FL 33165-4166
US

2. Principal Place of Business

671 NW 124 PL
Suite, Apt. #, etc.

3. Mailing Address

671 NW 124 PL
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0478242

Applied For

Not Applied

Zip

33182

Country

USA

Zip

33182

Country

USA

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

ALEMAN, ELENA
671 NW 124 PL
MIAMI FL 33182

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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 P
NAME ALEMAN, ELENA
STREET ADDRESS 671 NW 124 PL
CITY-ST-ZIP MIAMI FL 33182 ☐ Delete

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

TITLE V
NAME ALEMAN, JOSE L
STREET ADDRESS 12500 NE 14 AVE
CITY-ST-ZIP MIAMI FL 33172 ☒ Delete

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/00 305-2216222