

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

DOCUMENT # P94 000062995

1. Entity Name

THE APEUTIC LIFE CENTER, INC.

FILED
CLERK OF STATE
DIVISION OF CORPORATION

03 DEC 19 PM 3:47

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

2. Principal Place of Business

5100 N FEDERAL HIGHWAY

3. Mailing Address

5100 N FEDERAL HWY

Suite, Apt. #, etc.

200B

Suite, Apt. #, etc.

200B

City & State

FT. LAUDERDALE, FL

City & State

FT. Lauderdale, FL

4. FEI Number

65052 1179

Applied For

Not Applicable

Zip

33308

Country

BROWARD

Zip

33308

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

KRISTEN TRUJILLO

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

5100 N FEDERAL HWY

STE 200B

City FT. Lauderdale

FL

Zip Code

33308

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida.

SIGNATURE

Kristen Trujillo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature not required for reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE: president
NAME: Kristen Trujillo
STREET ADDRESS: 5100 Federal Hwy #200B
CITY - ST - ZIP: Ft. Lauderdale, FL 33308

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
000025636330
12/19/03-01044-010-150.00

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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 information indicated on this report or supplemental report is true and accurate and that my signature shall have the 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kristen Trujillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KRISTEN TRUJILLO, PRES

SIGN & DATE

I, Florida Statutes. I further certify that the legal effect as if made under oath; that I am 607, Florida Statutes; and that my name

954-772

10 2977

23

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Daytime Phone #

THERAPEUTIC LIFE CENTER, INC.
5100 N FEDERAL HIGHWAY
SUITE 200B
FT. LAUDERDALE, FL 33308
(954) 772-2977

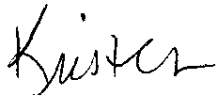
December 4, 2003

Re:Therapeutic Life Center, Inc.
Document # P94000068995

Dear Ms. Hood,

Please accept this check for \$150.00 as payment of UBR filing fee for the year 2003. I never received any of the prior documents because I have a new address. I have made the necessary changes on the form. I would appreciate if the late fee could be waived.

Thank you for your time and consideration in this matter.



Kristen Trujillo
Therapeutic Life Center, Inc.