. 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

SIGNATURE: Irene J. Marshall E

FILED DOCUMENT # P95000042905 Aug 03, 2000 8:00 am 1. Entity Name Secretary of State IRENE J. MARSHALL, P.A. 08-03-2000 90091 033 ***150.00 Principal Place of Business Mailing Address 5856 FLAMINGO RD 5856 FLAMINGO RD COOPER CITY FL 33330 COOPER CITY FL 33330 A B U I U U W 4 3. Mailing Address 2. Principal Place of Business <u> 12323 SW 55TH STREET</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 1003 City & State 4. FEI Number Applied For City & State 65-0586654 COOPER CITY, FLORIDA Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 33330 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME MARSHALL, IRENE J STREET ADDRESS STREET ADDRESS 1791 NORTHWEST 123RD AVE. CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33026 TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [7] Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 in Block 12

ites; and that my name appears in Block 11 or Block 12 if

GROUP COUPLES ♦ FAMILY ♦ INDIVIDUAL ◆



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IRENE J. MARSHALL, MS, PA

Licensed Marriage & Family Therapist

July 27, 2000

Division of Corporations Uniform Business Report Filings P O`BOX 1500 Tallahassee FL 32302-1500

Dear Sin:

Please be advised that I moved in the first week of January 2000, and had trouble with my mail being forwarded. I have just received my second notice two days ago. If you review my past payment history you will see I have previously paid this obligation in a timely manner. I hope you are able to accept my payment of \$150.00 to the Dept. of State and abait the balance of \$400.00

Please note I have attached a change of address forwarding slip from the post office so you can see I am still having mail forwarded. I would appreciate it if you update my file to avoid any future problems.

If you require any further information please call me at 954-680-1211.

Thank you.

Sincerely,

Ireme J. Marshall Irene J. Marshall PA

Igli/ns

MARSASA 333302118 1200 17 07/20/00 NOTIFY SENDER OF NEW ADDRESS :IRENE J MARSHALL