2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

P95000053420

1. Entity Name

MIAMI FL 33156

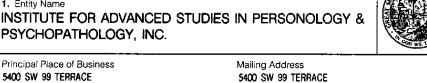


Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90139 002 ***150.00

FILED

PSYCHOPATHOLOGY, INC.		
Principal Place of Pusiness	Maritimo Antono	



MIAMI FL 33156

2. Principal F	. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & Stat	te "	<u>/</u>	City	City & State			4. FEI Number 65-0605131 Applied For Not Applied					
Zip ,	<u>.</u>	Country	Zip		Country		5. Certificate of Status Desired S8.75 Additional Fee Required					
· · · · · · · · · · · · · · · · · · ·	6. Name	and Address of (Current Registere	d Agent		7. Name and Address of New Registered Agent						
PERLSTEIN, ARNOLD ESQ						Name						
	NIVERSITY	۶, ۰,			Stre	Street Address (P.O. Box Number is Not Acceptable)						
2ND FLO		DIII.	•			,						
FT LAUDERDALE FL 33328					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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10.		OFFICE	S AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLON, T 5400 SW ! MIAMI FL :	99 TERRACE		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP					☐ Change	☐ Addition	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

305-661-5800