

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000037290 (9)

1. Corporation Name

UNIVERSAL PSYCHIC CENTER, INC.

Principal Place of Business

9500 S. DADELAND BLVD., SUITE 705
MIAMI FL 33156

Mailing Address

9500 S. DADELAND BLVD., SUITE 705
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1996

4. FEI Number

65-0662991

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

GARCIA, AMADO
9500 S. DADELAND BLVD., SUITE 705
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, dated & printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/98

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DV
GARCIA, AMADO
9500 S. DADELAND BLVD., SUITE 705
MIAMI FL 33156

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP
ROJAS, ANA MARIA
9500 S. DADELAND BLVD., SUITE 705
MIAMI FL 33156

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DS
GARCIA, MARTHA R
9500 S. DADELAND BLVD., SUITE 705
MIAMI FL 33156

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DT
ROJAS, ESTEBAN R
9500 S. DADELAND BLVD., SUITE 705
MIAMI FL 33156

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

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☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

[Signature]

4/20/98

CR2E034 (10/97)