

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90035 015 ***150.00

DOCUMENT # P96000037290

1. Entity 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 33156-2849**

841433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1985 NW 88th

3. Mailing Address

Suite, Apt. #, etc.
#201

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

City & State

4. FEI Number

65-0662991

Applied For

Not Applicable

Zip

33172

Country

Zip

Country

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

GARCIA, AMADO

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

Name

ANA - ROJAS

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

1985 NW 88th

#201

Miami, FL

Zip Code 33172

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	DV	<input type="checkbox"/> Delete
NAME	GARCIA, AMADO	
STREET ADDRESS	9500 S. DADELAND BLVD., SUITE 705	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ROJAS, ANA MARIA	
STREET ADDRESS	9500 S. DADELAND BLVD., SUITE 705	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GARCIA, MARTHA R	
STREET ADDRESS	9500 S. DADELAND BLVD., SUITE 705	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ROJAS, ESTEBAN R	
STREET ADDRESS	9500 S. DADELAND BLVD., SUITE 705	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(l), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)