

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90006 043 \*\*\*150.00

DOCUMENT # **P 96000092931**

1. Entity Name

**Psychological Services Corp.**

Principal Place of Business

**760 E 39 st**  
**Hialeah FL 33013**

Mailing Address

**760 E 39 st**  
**Hialeah FL 33013**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**256 NW 42 ave**

Suite, Apt. #, etc.

City & State

Zip

Country

**Miami FL**

**33126**

**Miami-Dade**

4. FEI Number

**05-0707910**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**Garcia Mariela**  
**760 E 39 st**  
**Hialeah FL 33013**

7. Name and Address of New Registered Agent

Name **Mohlig Luz S.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**760 E 39 st**  
 City **Hialeah** **FL** Zip Code **33013**

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]*

Signature, typed or printed name of registered agent and date 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, 2001 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

TITLE <b>P</b>	<b>Mohlig Luz</b>	<input type="checkbox"/> Delete
NAME	<b>760 E 39 st Hialeah FL 33013</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE <b>T</b>	<b>Giraldo Jaime</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>760 E 39 st Hialeah FL 33013</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE <b>T</b>	<b>Mohlig Rolando J</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>760 E 39 st Hialeah FL 33013</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**659104**

DO NOT WRITE IN THIS SPACE