

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000029084

1. Entity Name

UNIVERSAL THERAPY, INC.

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

05-07-2000 90029 002 ***150.00

Principal Place of Business

Mailing Address

3643 NORTHWEST 59TH ST
COCONUT CREEK FL 33073

3643 NORTHWEST 59TH ST
COCONUT CREEK FL 33321-1815

2. Principal Place of Business

10028 WEST McNAB Rd

Suite, Apt. #, etc.

Suite B

City & State

TAMARAC, FL

Zip

33321

Country

US

3. Mailing Address

10028 WEST McNAB Rd

Suite, Apt. #, etc.

Suite B

City & State

TAMARAC, FL

Zip

33321

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0738038

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVERSTEIN, MICHAEL
3643 NORTHWEST 59TH ST
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name

MICHAEL SILVERSTEIN

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

10097 CROSSWIND Rd

City

BOCA RATON

FL

Zip Code

33498

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

Michael Silverstein, President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/00

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

TITLE	P	<input type="checkbox"/> Delete
NAME	SILVERSTEIN, MICHAEL	
STREET ADDRESS	3643 NW 59TH ST	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Silverstein	
STREET ADDRESS	10097 CROSSWIND Rd	
CITY-ST-ZIP	Boca Raton, FL 33498	
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		
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:

Michael Silverstein (MICHAEL SILVERSTEIN)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/21/00

Daytime Phone #

(954) 726-8450

CR2E034 (9/99)