

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038970

1. Entity Name

THERAPY & COUNSELING CENTER, INC.

Principal Place of Business

175 FONTAINEBLEAU BLVD., STE 2-D
MIAMI FL 33172

Mailing Address

175 FONTAINEBLEAU BLVD., STE 2-D
MIAMI FL 33172

2. Principal Place of Business

Suite, Apt. #, etc.

1-R-14

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

1-R-14

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PASTOR, CARMEN C
175 FONTAINEBLEAU BLVD., STE 2-D
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

FLORENCIA INTRIAGO

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

175 FONTAINEBLEAU BLVD.

SUITE 1-R-14

City

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

Florencia Intriago

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, 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 PD
NAME PASTOR, CARMEN C
STREET ADDRESS 175 FONTAINEBLEAU BLVD., STE 2-D
CITY-ST-ZIP MIAMI FL 33172

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME FLORENCIA INTRIAGO
STREET ADDRESS 175 FONTAINEBLEAU BLVD., SUITE 1-R-14
CITY-ST-ZIP MIAMI, FL 33172

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Florencia Intriago

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90039 021 ***150.00

00017430



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0753075

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

CR2E034 (10/00)