

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90193 016 ***150.00

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DOCUMENT # P97000038970

1. Entity Name

THERAPY & COUNSELING CENTER, INC.



Principal Place of Business

175 FONTAINEBLEAU BLVD., STE 2-D

1-R-14

MIAMI FL 33172

US

Mailing Address

175 FONTAINEBLEAU BLVD., STE 2-D

1-R-14

MIAMI FL 33172

US

2. Principal Place of Business

175 FONTAINEBLEAU BLVD.

3. Mailing Address

175 FONTAINEBLEAU BLVD.

Suite, Apt. #, etc.

1-R-14

City & State

MIAMI FLORIDA

Zip

33172

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0753075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INTRIAGO, FLORENCIA

175 FOUNTAINEBLEAU BLVD. SUITE 1-R-14

MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
ANTONIO PASTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03
Date

(305) 227-0051
Daytime Phone #

CR2E034 (10/02)