

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90104 033 ***150.00

DOCUMENT # P97000043171

1. Entity Name
INTEGRAL THERAPY, INC.

Principal Place of Business

15985 N.W. 57TH AVE.
 MIAMI LAKES FL 33014
 US

Mailing Address

15985 N.W. 57TH AVE.
 MIAMI LAKES FL 33014
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0753038**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANCHEZ, JOSE MARMANDO A
15985 N.W. 57TH AVE.
MIAMI LAKES FL 33014

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.

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, 2002 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 **PVST** ☒ Delete
 NAME **SANCHEZ, JOSE ARMANDO A**
 STREET ADDRESS **15985 N.W. 57TH AVE.**
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **P/D** ☒ Change ☐ Addition
 NAME **ARMADA, JOSE ARMANDO**
 STREET ADDRESS **15985 N.W. 57TH AVE**
 CITY-ST-ZIP **MIAMI LAKES, FL. 33014**

TITLE **D** ☒ Delete
 NAME **SANCHEZ, JOSE ARMANDO A**
 STREET ADDRESS **15985 N.W. 57TH AVE.**
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
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 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose A. Armada

4/8/02

(305) 474-0167

Date Daytime Phone #

CR2E034 (9/01)