

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90030 040 ***158.75

DOCUMENT # P98000017220

1. Entity Name

UNIVERSAL THERAPY CENTER NO II, INC.

Principal Place of Business

Mailing Address

**6070 SW 8 ST
 MIAMI FL 33144**

**6070 SW 8 ST
 MIAMI FL 33144**

2. Principal Place of Business

7225 CORAL WAY

3. Mailing Address

7225 CORAL WAY

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-0815984

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ALEMAN, JUANA M

**6070 SW 8 ST
 MIAMI FL 33144**

7. Name and Address of New Registered Agent

Name **ALEMAN, JUANA M.**

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

7225 CORAL WAY

City **MIAMI**

FL

Zip Code
33155

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

Juana M. Aleman

02/06/02

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

TITLE ☐ Delete
 NAME **D ALEMAN, JUANA M**
 STREET ADDRESS **6070 SW 8 ST**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **ALEMAN JUANA M.**
 STREET ADDRESS **7225 CORAL WAY**
 CITY-ST-ZIP **33155 MIAMI FL**

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/02 (305) 264-0470

Date

Daytime Phone #

CR2E034 (9/01)