

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026475

1. Entity Name

COMPREHENSIVE THERAPY INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90027 032 \*\*\*150.00

Principal Place of Business

1600 SARNO RD 119B  
MELBOURNE FL 32935

Mailing Address

216 SEAVIEW STREET  
MELBOURNE BCH FL 32951-3404

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 **59-3504648**

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

GAGLANI, VANITA  
216 SEAVIEW STREET  
MELBOURNE FL 32951

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.

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, 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	GAGLANI, VANITA	
STREET ADDRESS	216 SEAVIEW ST	
CITY-ST-ZIP	MELBOURNE BCH FL 32951	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GAGLANI, MYKESH (MYKESH)	
STREET ADDRESS	216 SEAVIEW ST	
CITY-ST-ZIP	MELBOURNE BCH FL 32951	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAGLANI, ANUSKA (ANUSKA)	
STREET ADDRESS	216 SEAVIEW ST	
CITY-ST-ZIP	MELBOURNE BCH FL 32951	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAGLANI, SHIV	
STREET ADDRESS	216 SEAVIEW ST	
CITY-ST-ZIP	MELBOURNE BCH FL 32951	
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	<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	
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/00 (321)-726-0761

CR2E034 (9/99)