

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039979

1. Entity Name

MASTER THERAPEUTIC CENTER, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90019 045 ***158.75

Principal Place of Business

9600 SW 8TH ST
 STE 45
 MIAMI FL 33174
 US

Mailing Address

9600 SW 8TH ST
 STE 45
 MIAMI FL 33174-2950
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0836621

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUSUTIL, LUCIO A
 15107 S.W. 172 TERRACE
 MIAMI FL 33187

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|---|---------------------------------|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP P BUSUTIL, LUCIO A 15107 S.W. 172 TERR. MIAMI FL 33187 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP ST LOPEZ, GONZALO 2235 S.W. 134 AVE. MIAMI FL 33175 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/18/00

Date

(305) 480-9795

Daytime Phone #

CR2E034 (9/99)