

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000059866**

1. Entity Name
RONDA FUCHS, PSY.D., P.A.



Principal Place of Business
C/O RONDA FUCHS
975 41ST STREET #206
MIAMI BEACH FL 33140

Mailing Address
201 CRANDON BLVD
64
KEY BISCAYNE FL 33149

2. Principal Place of Business	3. Mailing Address 799 CRANDON BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc. 201
City & State	City & State KEY BISCAYNE, FL
Zip	Country 33149

6. Name and Address of Current Registered Agent FUCHS, RONDA 975 41ST STREET SUITE 206 MIAMI BEACH FL 33140		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUCHS, RONDA 201 CRANDON BLVD # 64 KEY BISCAYNE FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	799 CRANDON BLVD # 201 KEY BISCAYNE, FL 33149
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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90107 047 ***150.00



CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0863212	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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00049692
AV

CR2E034 (4/03)

8-18-03 305-674-1314-2#2

Date

Daytime Phone #

Attachment
86140352
P9800059866

August 22, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

I would like to request that you waive the \$400.00 penalty for filing my 2003 Uniform Business Report after May 1, 2003. This form comes to my home address. My family was in the process of moving to a new residence in April, 2003. Construction on our new home was not quite finished when a buyer purchased our old home. We had 30 days to get out of our old home. As you can imagine, it was hectic. I don't know if the form got lost in the mail due to the move or if it got misplaced during the move. I have paid this fee on time in the past.

Based on the unusual circumstances and my track record, I'm requesting that you accept my payment of \$150.00 and consider my account paid in full. Thank you for your consideration of this request.

Sincerely,



RONDA FUCHS