

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

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

08-25-2003 90107 047 ***150.00

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

199 CRANDON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

City & State

City & State

KEY BISCAYNE, FL

Zip

Country

Zip

Country

33149

4. FEI Number **65-0863212**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FUCHS, RONDA
975 41ST STREET
SUITE 206
MIAMI BEACH FL 33140**

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. 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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FUCHS, RONDA**
STREET ADDRESS **201 CRANDON BLVD # 64**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☒ Change ☐ Addition
NAME **799 CRANDON BLVD # 201**
STREET ADDRESS **KEY BISCAYNE, FL**
CITY-ST-ZIP **33149**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

8-18-03 305674-1314-242

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #
86140352
PA8000059864

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