

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

DOCUMENT # P98000087841

1. Entity Name

THERAPY SHOP, CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4315 NW 7TH ST

3. Mailing Address

4315 NW 7TH ST

Suite, Apt. #, etc.

SUITE 51

Suite, Apt. #, etc.

SUITE 51

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

4. FEI Number
65-0869025

Applied For

Not Applicable

Zip
33126

Country
usa

Zip
33126

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
ELBA E. ORUE

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

4315 NW 7TH STREET #51

City
MIAMI

FL

Zip Code
33126

**DO NOT WRITE
IN THIS SPACE**

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

Elba E. Orue

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retreating)

DATE

January 1 - May 1. Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
ORUE ELBA E
4315 NW 7TH. STREET., MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VD
ORUE JULIA E
4315 NW 7TH STREET., MIAMI FL 33126

TITLE
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CITY- ST- ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Elba E. Orue

ELBA E ORUE PRESIDENT

305-620-0266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

THERAPY SHOP, CORP

TO WHOM IT MAY CONCERN:
TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .

CORDIALLY

Elva E. Orue
ELVA E. ORUE
PRESIDENT