

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90349 044 \*\*\*150.00

**DOCUMENT # P99000016514**

**1. Entity Name**  
**NATIONAL FAMILY WEALTH COUNSELING, INC.**

**Principal Place of Business**  
**201 ALBAMBAM CIR**  
**STE 510**  
**CORAL GABLES FL 33134**

**Mailing Address**  
**ONE S.E. THIRD AVENUE**  
**28TH FLOOR**  
**MIAMI FL 33131**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0941821**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**OLIVER, ROBERT M**  
**201 ALBAMBAM**  
**STE 510**  
**CORAL GABLES FL 33134**

## 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

## 11. OFFICERS AND DIRECTORS

**TITLE** **PD** ☐ Delete  
**NAME** **OLIVER, ROBERT M**  
**STREET ADDRESS** **201 ALBAMBAM CIR STE 510**  
**CITY-ST-ZIP** **CORAL GABLES FL 33134**

**TITLE** **ST** ☐ Delete  
**NAME** **OLIVER, HEIOE N**  
**STREET ADDRESS** **201 ALBAMBAM CIR. STE 510**  
**CITY-ST-ZIP** **CORAL GABLES FL 33134**

**TITLE** **VPD** ☐ Delete  
**NAME** **CUSHING, THOMAS**  
**STREET ADDRESS** **204 PORAZILINO AVE #216**  
**CITY-ST-ZIP** **PALM BEACH FL 33480**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE** **Secretary** ☐ Change ☒ Addition  
**NAME** **Henry H. Raattama, Jr.**  
**STREET ADDRESS** **One S.E. Third Avenue, 28th Floor**  
**CITY-ST-ZIP** **Miami, Florida 33131**

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

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

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

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

**TITLE** ☐ Change ☐ 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

**AKERMAN SENTERFITT**

ATTORNEYS AT LAW

SUNTRUST INTERNATIONAL CENTER  
ONE SOUTHEAST THIRD AVENUE, 28TH FLOOR  
MIAMI, FLORIDA 33131-1714  
PHONE (305) 374-5600 • FAX (305) 374-5095  
<http://www.akerman.com>

*P99000916514*  
*Attachment & Receipt*

350657

March 13, 2002

Division of Corporations  
Annual Reports Filings  
P.O.Box 1500  
Tallahassee, FL 32302-1500

**Re: NATIONAL FAMILY WEALTH COUNSELING, INC.**

Dear Sirs:

Enclosed is the 2002 Annual Report of the above corporation and our check No.0815 of \$150.00 for filing fee.

Should you have any questions, please do not hesitate to contact us.

Sincerely yours,

AKERMAN, SENTERFITT & EIDSON, P.A.

*Henry H. Raattama Jr.*  
Henry H. Raattama, Jr.

HHRjr:pd  
Enclosures  
cc: Robert M. Oliver

MI770762;1

AKERMAN, SENTERFITT & EIDSON, P.A.

FORT LAUDERDALE • JACKSONVILLE • ORLANDO • TALLAHASSEE • TAMPA • WEST PALM BEACH