

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90236 028 ***150.00

DOCUMENT # P99000016514

1. Entity Name
NATIONAL FAMILY WEALTH COUNSELING, INC.



Principal Place of Business
201 ALBAMBAM CIR *Alhambra 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
201 Alhambra Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Ste. 510

City & State

City & State
Coral Gables, Fl.

Zip

Country

Zip
33134

Country
Dade

4. FEI Number
65-0941821

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

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

Name
Street Address (P.O. Box Number is Not Acceptable)
201 ALHAMBRA CIR.
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **PD** ☐ Delete
NAME **OLIVER, ROBERT M**
STREET ADDRESS **201 ALBAMBAM CIR STE 510**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

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

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

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

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

TITLE **S** ☐ Delete
NAME **RAATTAMA, HENRY H JR.**
STREET ADDRESS **ONE SE. THIRD AVE. 28TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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* **ROBERT M OLIVER** *3/12/03* *305 4446668*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)