

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2001 8:00 am**  
**Secretary of State**

08-20-2001 90069 009 \*\*\*150.00

003688 AV

**DOCUMENT # P99000054902**

1. Entity Name  
**ALTERNATIVE THERAPY CENTER, INC.**

Principal Place of Business  
**523 2ND STREET SW  
 WINTER HAVEN FL 33880**

Mailing Address  
**523 2ND STREET SW  
 WINTER HAVEN FL 33880**

2. Principal Place of Business  
**1502 DUNDEE RD**

3. Mailing Address  
**P.O. Box 1971**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**WINTER HAVEN, FL**

City & State  
**WINTER HAVEN, FL**

4. FEI Number  
**59-3587386**

Applied For  
 Not Applicable

Zip  
**33884**

Country  
**POLK**

Zip  
**33883-1971**

Country  
**POLK**

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

**LOPEZ, ENRIQUE V  
 523 2ND STREET SW  
 WINTER HAVEN FL 33880**

Name  
**ENRIQUE VELAZQUEZ**

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

**1502 DUNDEE RD.**

City  
**WINTER HAVEN**

FL

Zip Code  
**33884**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PT**  
 NAME  
**LOPEZ, ENRIQUE V**  
 STREET ADDRESS  
**523 2ND STREET SW**  
 CITY-ST-ZIP  
**WINTER HAVEN FL 33880**

TITLE  
**PT/ENRIQUE VELAZQUEZ** ☒ Change ☐ Addition  
 NAME  
**ENRIQUE VELAZQUEZ**  
 STREET ADDRESS  
**1502 DUNDEE RD.**  
 CITY-ST-ZIP  
**WINTER HAVEN FL 33884**

TITLE  
**VST**  
 NAME  
**MARQUEZ, UTE M**  
 STREET ADDRESS  
**523 2ND STREET SW**  
 CITY-ST-ZIP  
**WINTER HAVEN FL 33880**

TITLE  
**VST** ☒ Change ☐ Addition  
 NAME  
**MARQUEZ, UTE M**  
 STREET ADDRESS  
**1502 DUNDEE RD.**  
 CITY-ST-ZIP  
**WINTER HAVEN FL 33884**

TITLE  
 NAME  
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 CITY-ST-ZIP

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TITLE  
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 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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**ENRIQUE VELAZQUEZ** 7-18-2001 863-294-1922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

*Attachment  
# P99000054902*

*A0081993*

**Alternative Therapy Center, INC.**  
1502 Dundee Road, P.O. Box 1971  
Winter Haven, FL 33883-1971  
(863) 294-1922  
MA 30482/MM10081

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

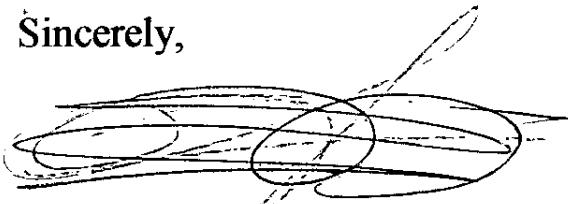
August 14, 2001

To Whom It May Concern:

Due to our recent move and change of location we have never received the first copy of the UBR report.

Please excuse the late filing of the UBR report.

Sincerely,

A handwritten signature in black ink, appearing to read 'Enrique Vela', with a large, stylized flourish or scribble extending from the end of the signature.

Enrique Vela, LMT