

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90304 018 ***150.00

DOCUMENT # P99000070787

1. Entity Name
MARC JOSEPH ROMANO, PSY.D., INC.

Principal Place of Business
**810 NORTHEAST 16TH COURT
 FORT LAUDERDALE FL 33305**

Mailing Address
**810 NORTHEAST 16TH COURT
 FORT LAUDERDALE FL 33305**

2. Principal Place of Business

3. Mailing Address

3062 COVINGTON RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CLV HAS OH

Zip

Country

Zip

Country

44118

Cuyahoga

4. FEI Number

65-0948965

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

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PSTD**
 STREET ADDRESS **ROMANO, MARC J**
 CITY-ST-ZIP **810 NORTHEAST 16TH COURT
 FORT LAUDERDALE FL 33305**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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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)(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: **MONITOR REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 **216 320 1542**
 Date Daytime Phone #

CR2E034 (9/01)

Attachment # P99000070787
770933

Marc J. Romano, Psy.D.
3262 East Overlook Road
Cleveland Heights, OH 44118
216-320-1542

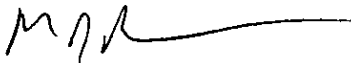
April 10, 2002

Florida Department Of State
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam,

Please note that I am currently living in Cleveland Heights, Ohio, and attending school. I continue to own property in Fort Lauderdale, at the address on my Uniform Business Report. I anticipate returning to Florida in May, 2003. I have put my current address, for mailing, on the Uniform Business Report.

Thank you,



Marc J. Romano, Psy.D.