2000 UNIFORM BUSINESS REPORT (UBR)

Asia J. Gorg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

FILED DOCUMENT # P99000081519 Mar 30, 2000 8:00 am 1. Entity Name **Secretary of State** OLD CUTLER FAMILY AND MARRIAGE COUNSELING CENTER 03-30-2000 90062 012 ***150.00 Principal Place of Business Mailing Address 6080 SW 40 ST. #9 6080 SW 40 ST. #9 MIAMI FL 33155-5215 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. X Applied For 4. FEI Number City & State City & State Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GORG, ASIA J Street Address (P.O. Box Number is Not Acceptable) 6080 SW 40 ST, #9 **MIAMI FL 33155** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. X Addition ☐ Delete ☐ Change TITLE TITLE NAME ASIA J. GORG 6080 SW 40 ST STE #9 MIAMI, FL 33155 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change X Addition ☐ Delete TITLE TITLE ASIA J. GORG NAME NAME STREET ADDRESS 6080 SW 40 ST STE # 9 STREET ADDRESS CITY=ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP ☐ Change X Addition ☐ Delete TITLE TITLE ASIA J. GORG NAME NAME 6080 SW 40 ST STE # 9 STREET ADDRESS STREET ADDRESS MIAMI, FL 33155 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

3/20/00

Daytime Phone 4