

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90095 041 ***550.00

DOCUMENT # P99000091079

1. Entity Name

STEPHANIE R. CARTER, PH.D., P.A.

Principal Place of Business

201 S BISCAYNE BLVD. SUITE 1920
 MIAMI FL 33131

Mailing Address

201 S BISCAYNE BLVD. SUITE 1920
 MIAMI FL 33131

2. Principal Place of Business

806 Douglas Rd.

Suite, Apt. #, etc.

560

City & State

Coral Gables FL

Zip
33134

Country

USA

3. Mailing Address

806 Douglas Rd.

Suite, Apt. #, etc.

560

City & State

Coral Gables FL

Zip
33134

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0956759

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERRELL SCHULTZ CARTER & FERTEL, P.A.
 201 S BISCAYNE BLVD, SUITE 1920
 MIAMI FL 33131

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

TITLE Delete
D
 NAME **CARTER, STEPHANIE R**
 STREET ADDRESS **201 S BISCAYNE BLVD, SUITE 1920**
 CITY-ST-ZIP **MIAMI FL 33131**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
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 CITY-ST-ZIP

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 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: **STEPHANIE R. CARTER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-00

Date

305-444-8744

Daytime Phone #

CFR2034 (5/00)